



Kentucky Health Information Exchange (KHIE)

Direct Data Entry for Electronic Case Reports: Child Hepatitis

User Guide

August 2022

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1 Introduction

Overview

This training manual covers KHIE’s Direct Data Entry for Child Hepatitis Electronic Case Reports functionality in the ePartnerViewer. Users with the *Manual Case Reporter* role can submit electronic case reports from the ePartnerViewer by completing an online case report. The process generates a manual electronic initial case report (eICR) which is routed to the Department for Public Health (DPH).

All examples and screenshots used in this guide are simulated with mock data; no Protected Health Information (PHI) is present.

Please Note: All screenshots shown throughout this document reflect how Users would interact with the ePartnerViewer while using a desktop or tablet device. While core functionality remains the same across multiple devices, interface components may vary in presentation.

Supported Web Browsers

Users must access the ePartnerViewer with a supported web browser. The ePartnerViewer is configured to support the following modern browsers on desktop, tablet, and mobile devices:

Desktop Browser Version	Mobile Browser Version
Microsoft Internet Explorer	
Not supported	Not supported
Microsoft Edge	
Version 44+	Version 40+
Google Chrome	
Version 70+	Version 70+
Mozilla Firefox	
Version 48+	Version 48+
Apple Safari	
Version 9+	iOS 11+

Please Note: The ePartnerViewer does **not** support Microsoft Internet Explorer. To access the ePartnerViewer, Users must use a modern browser such as Google Chrome, Microsoft Edge, Apple Safari, or Mozilla Firefox.

Mobile Device Considerations

The ePartnerViewer is based on responsive design. This means it renders in the best format based on the user's device size. Responsive design applies to mobile, tablet, and desktop devices. Tablet devices in landscape display mode are considered desktop.

Accessing the ePartnerViewer

To access the ePartnerViewer, users must meet the following specifications:

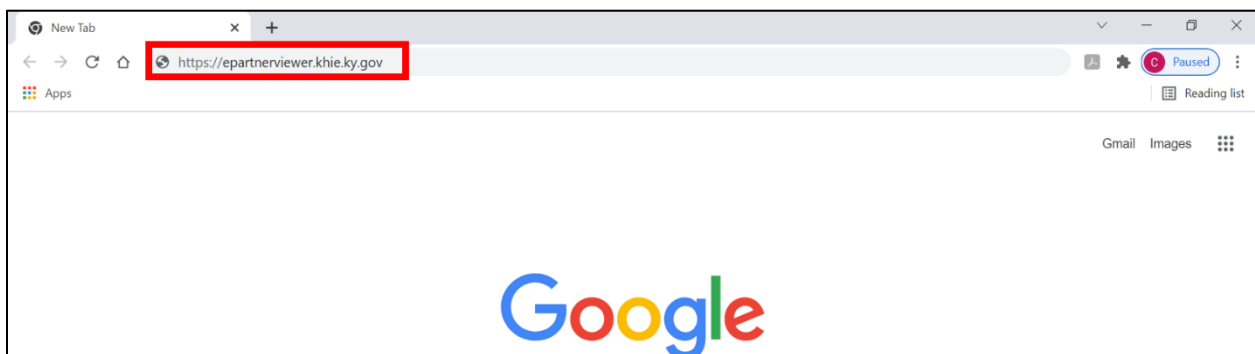
1. Users must be part of an organization with a signed Participation Agreement with KHIE.
2. Users are required to have a Kentucky Online Gateway (KOG) account.
3. Users are required to complete Multi-Factor Authentication (MFA).

Please Note: For specific information about creating a KOG account and how to complete MFA, please review the *ePartnerViewer Login: Kentucky Online Gateway (KOG) and Multi-Factor Authentication (MFA) Quick Reference Guide* on the KHIE website: khie.ky.gov

2 Logging into the ePartnerViewer

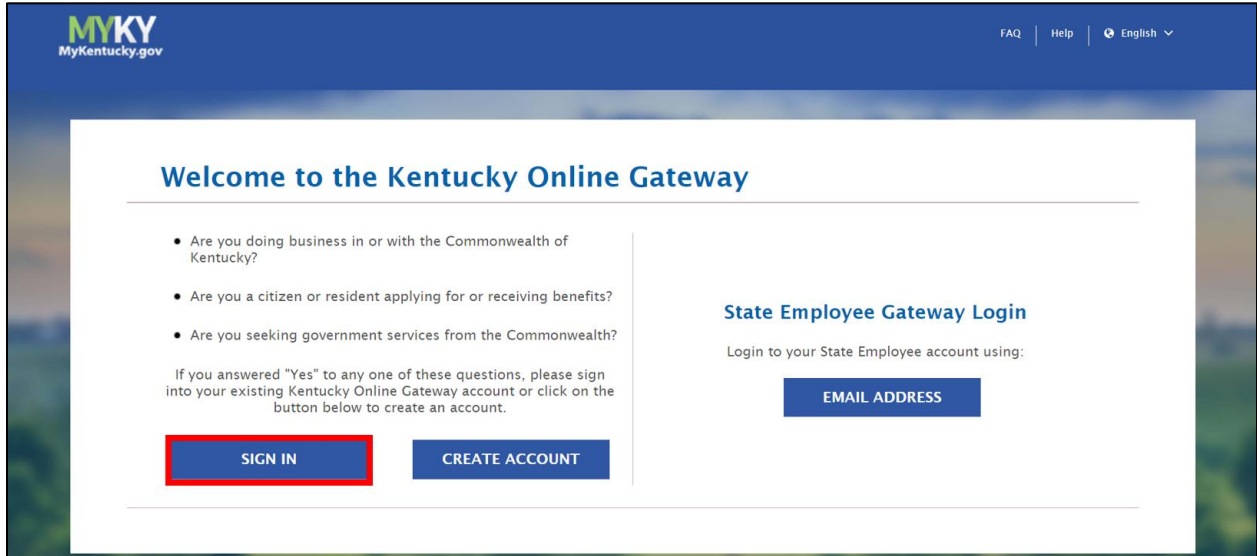
Users with the *Manual Case Reporter* Role are authorized to access the Child Hepatitis Case Report in the ePartnerViewer. You must log into your Kentucky Online Gateway (KOG) account to access the ePartnerViewer.

1. Before accessing the ePartnerViewer, you must log out from any active KOG session or ePartnerViewer session and close the browser window.
2. To navigate to the ePartnerViewer, enter the following URL in a supported browser window:
<https://epartnerviewer.khie.ky.gov>



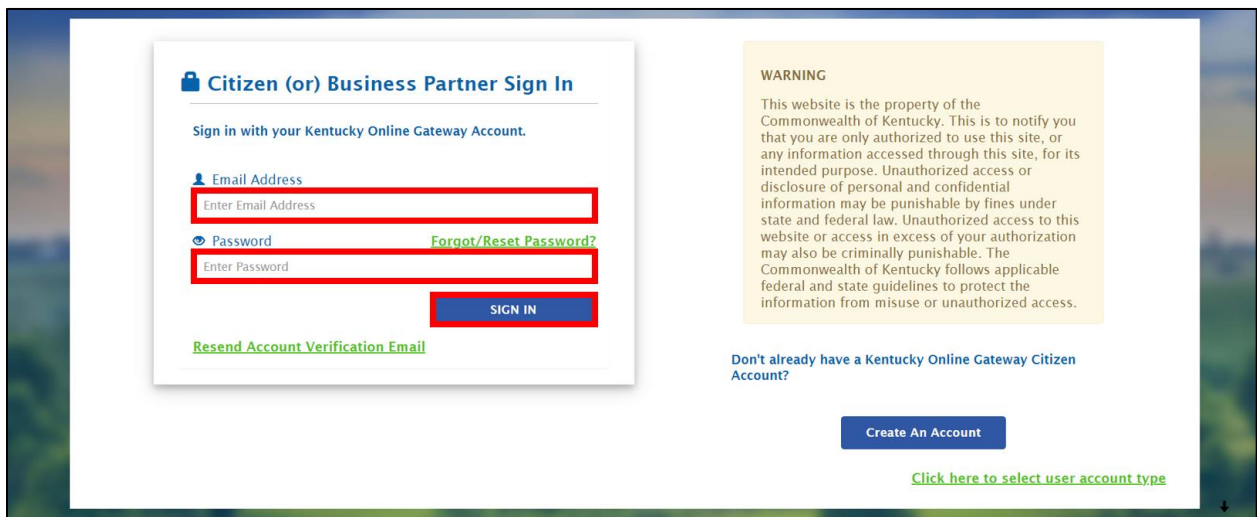
Please Note: The ePartnerViewer does **not** support Microsoft Internet Explorer. To access the ePartnerViewer, Users must use a modern browser such as Google Chrome, Microsoft Edge, Apple Safari, or Mozilla Firefox.

- The **Welcome to the Kentucky Online Gateway** screen displays. To login to the ePartnerViewer, click **Sign In**.



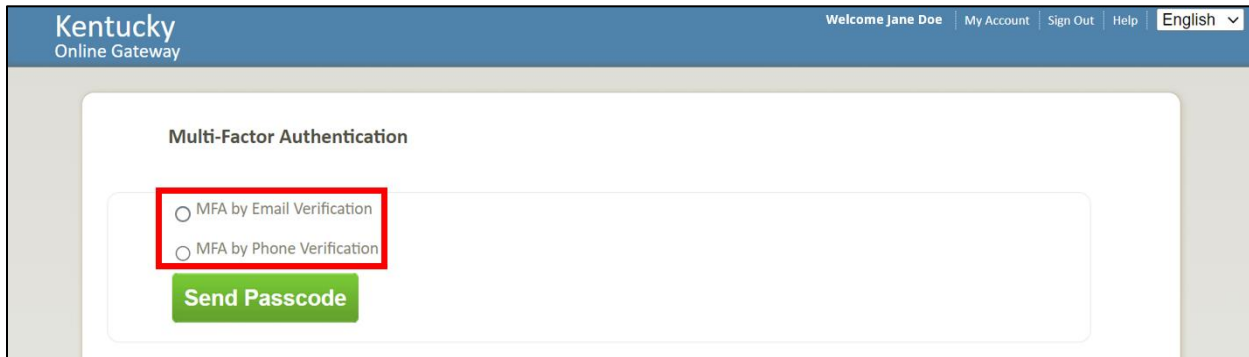
Please Note: If you are a State Employee, click **Email Address** under the *State Employee Gateway Login* section on the right side of the **Welcome to the Kentucky Online Gateway** screen.

- The **KOG Sign In** screen displays. Enter your **Email Address**.
- Enter your **Password**.
- Click **Sign In**.



Please Note: You must enter the email address and password provided when you created your KOG account.

- Multi-Factor Authentication.** After logging in, you are asked to complete Multi-Factor Authentication or MFA. You have the option to receive an MFA passcode by Email or Text.

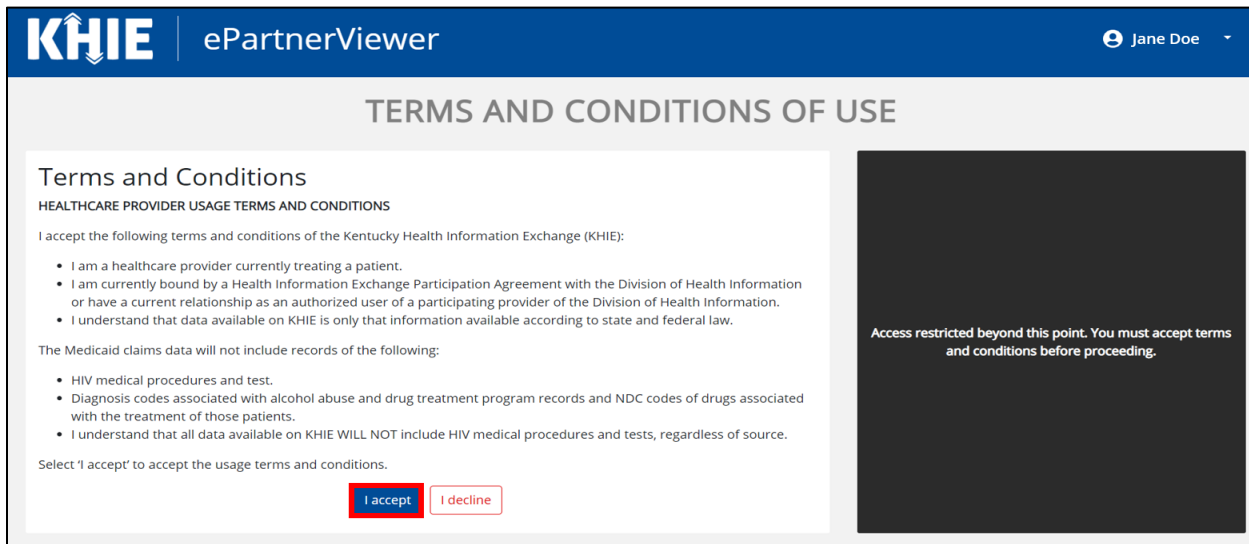


Please Note: For specific information on how to complete MFA, please review the *ePartnerViewer Login: Kentucky Online Gateway (KOG) and Multi-Factor Authentication (MFA) Quick Reference Guide*.

Terms and Conditions of Use and Logging In

After logging into the Kentucky Online Gateway, launching the ePartnerViewer application, and completing Multi-Factor Authentication, the **Terms and Conditions of Use** screen displays. Privacy and security obligations are outlined for review.

- You must click **I Accept** every time before accessing a patient record in the ePartnerViewer.



Please Note: The right side of the Portal is grayed out and displays a message that states: *Access is restricted beyond this point. You must accept the terms and conditions before*

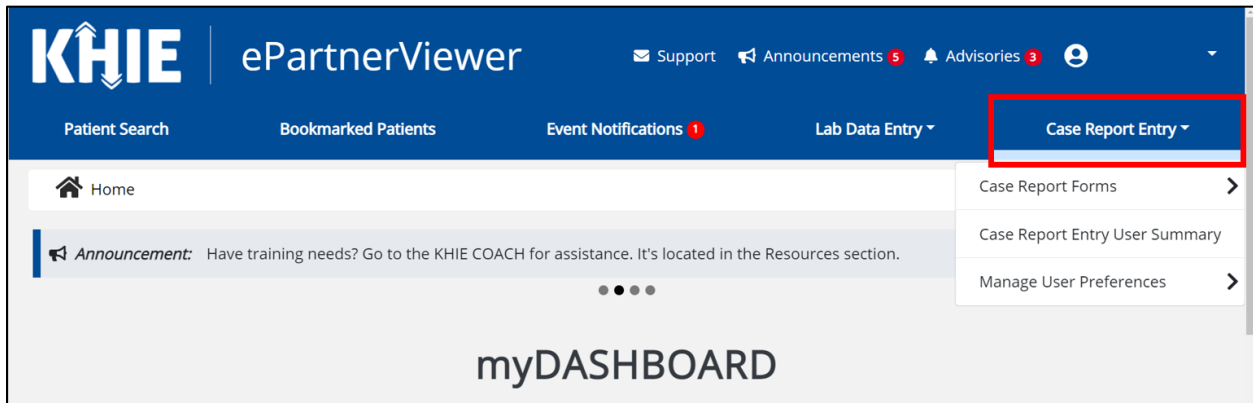
- 9. Once you click **I Accept**, the grayed-out section becomes visible. A message appears that indicates you are associated with an organization. (This is the name of your organization.)
- 10. Click **Proceed to Portal** to continue.

Please Note: If you click **Cancel**, a pop-up notification displays that indicates that you are *about to be logged out*. Use of the ePartnerViewer portal is subject to the acceptance of KHIE's Terms of Use. To proceed to the ePartnerViewer, click either **Logout Now** or **Cancel**.

3 Understanding the Case Report Entry Dropdown Menu

The **Case Report Entry** tab dropdown menu includes the following options:

- **Case Report Forms:** Lists the different types of case reports.
- **Case Report Entry User Summary:** Displays all submitted and “In-Progress” case reports.
- **Manage User Preferences:** Offers an efficient way to enter repetitive data.



1. Types of Case Reports:

- **COVID-19 Case Report:**
 - Designed for Users to enter COVID-19 case reports.

Please Note: For specific information about COVID-19 case reporting, please review the *Direct Data Entry for Electronic Case Reports: COVID-19 User Guide*.

- **Sexually Transmitted Disease (STD) Case Report:**
 - Designed for Users to enter STD case reports.

Please Note: For specific information about STD case reporting, please review the *Direct Data Entry for Electronic Case Reports: Sexually Transmitted Diseases (STD) User Guide*.

- **Multi-drug Resistant Organism (MDRO) Case Report:**
 - Designed for Users to enter MDRO case reports.

Please Note: For specific information about MDRO case reporting, please review the *Direct Data Entry for Electronic Case Reports: Multi-Drug Resistant Organism (MDRO) User Guide*.

- **Perinatal Hepatitis Case Report:**

- Designed for Users to enter Perinatal Hepatitis case reports.

Please Note: For specific information about Perinatal Hepatitis case reporting, please review the *Direct Data Entry for Electronic Case Reports: Perinatal Hepatitis User Guide*.

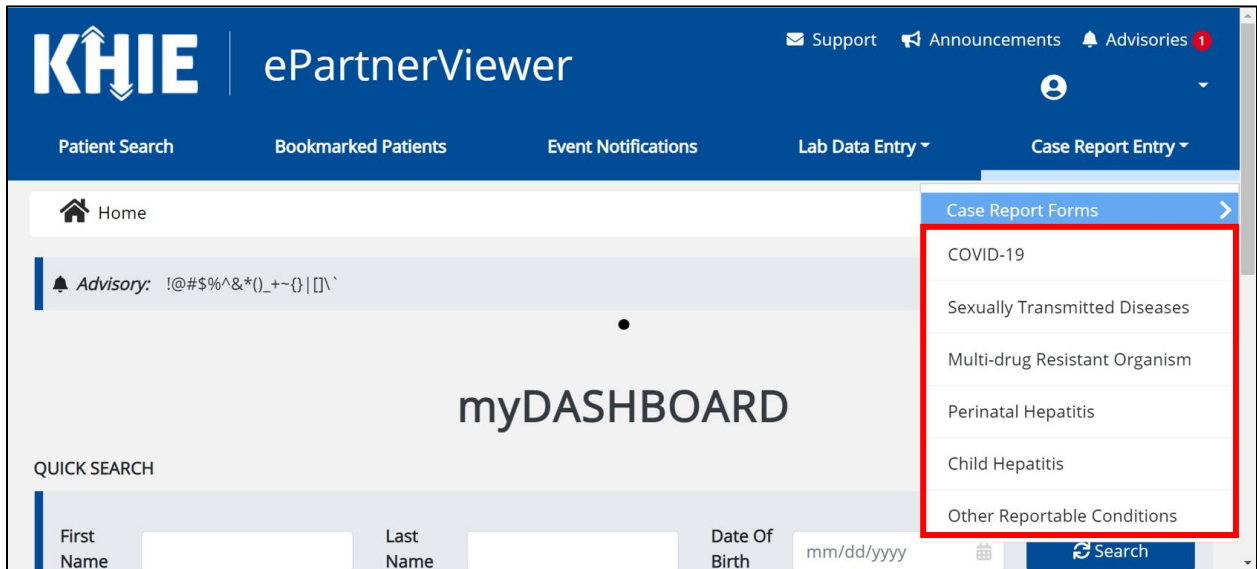
- **Child Hepatitis Case Report:**

- Designed for Users to enter Child Hepatitis case reports.

- **Other Reportable Conditions Case Report:**

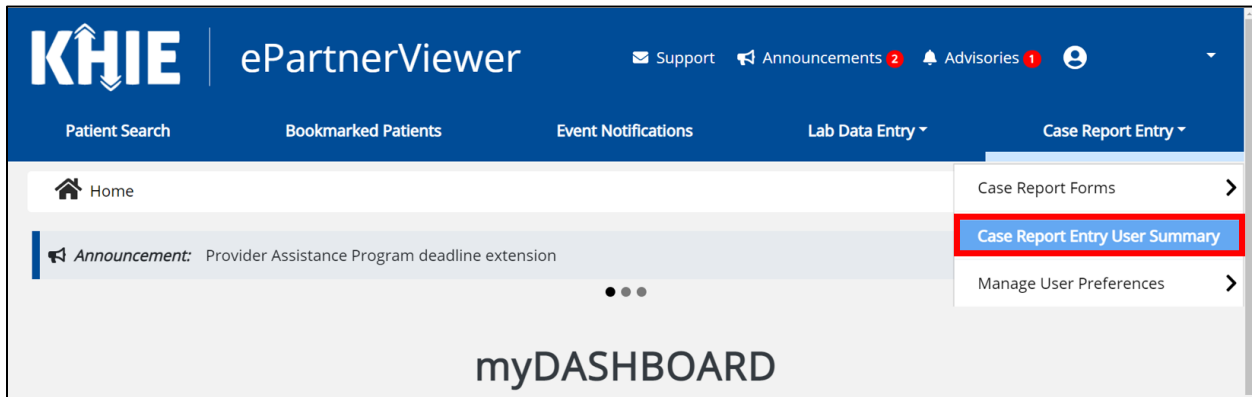
- Designed for Users to enter Other Reportable Conditions case reports.

Please Note: For specific information about Other Reportable Conditions case reporting, please review the *Direct Data Entry for Electronic Case Reports: Other Reportable Conditions User Guide*.



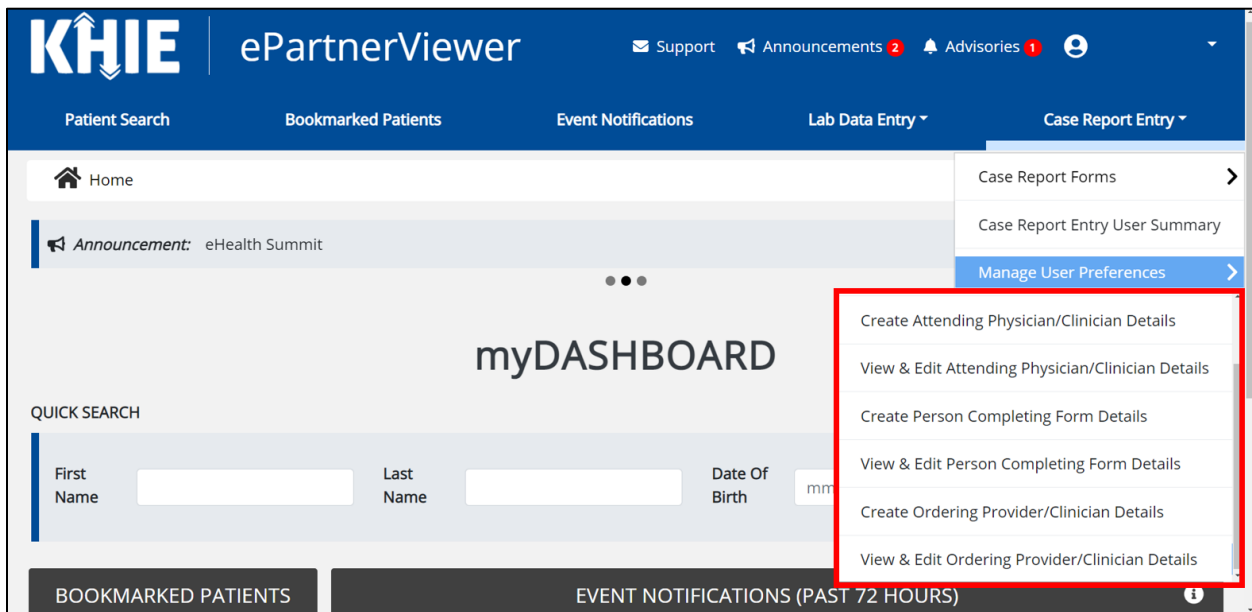
2. **Case Report Entry User Summary:**

- Designed to provide a quick and easy way for Users to search and view all previously initiated case reports (Submitted and In-Progress) entered during a specific date range within the last six months from the current date.
- Allows Users to view a summary of completed case reports that were previously submitted.
- Allows Users to continue entering details for case reports that are still “In-Progress”.



3. **Manage User Preferences:**

- Designed as an efficient method for Users to enter repetitive data.
- Allows Users to enter required case reporting details in their User Preferences which enables Users to quickly select the appropriate answers from the dropdown menu options.



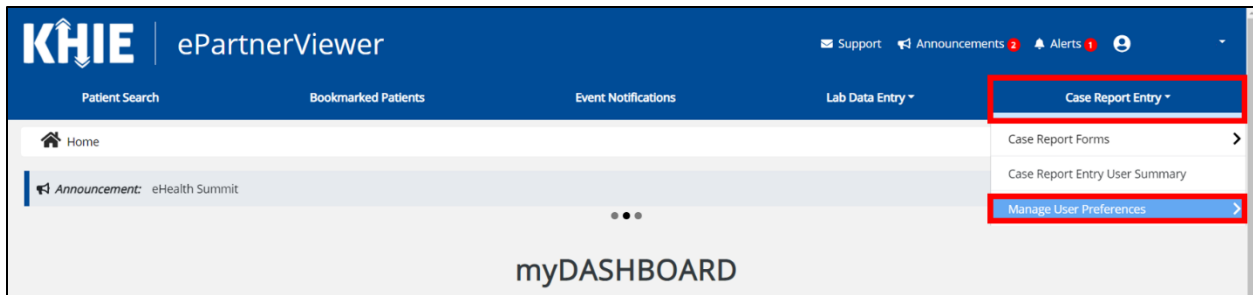
4 Manage User Preferences

These are your User Preferences. Prior to entering your Child Hepatitis case report information, you are required to enter information about the Attending Physician/Clinician and the Person Completing Form on the **Manage User Preferences** screen.

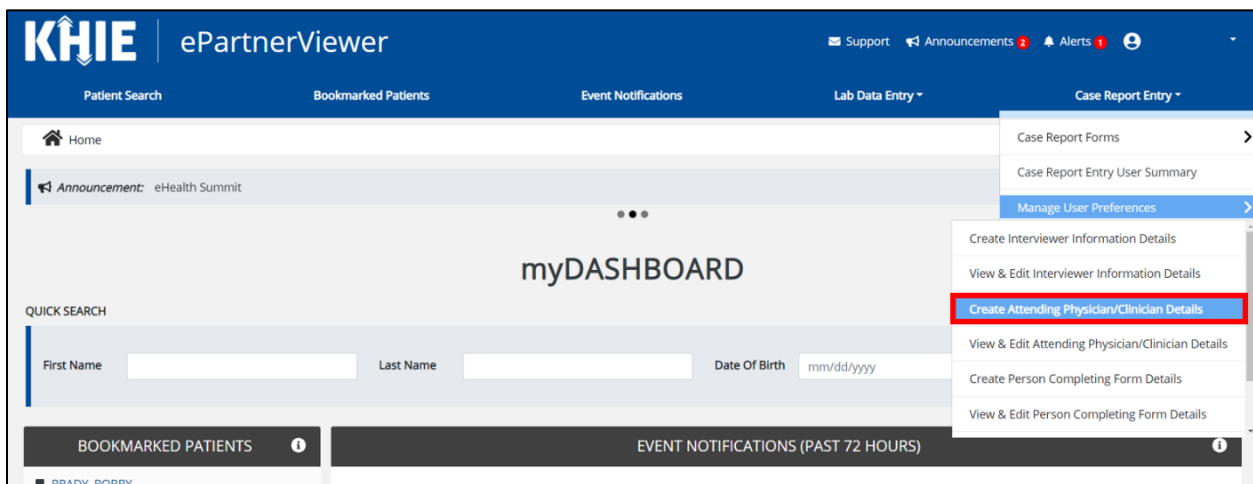
By entering these details here in your user preferences, you will be able to quickly select an Attending Physician/Clinician and the name of the Person Completing the Form from the dropdown menu options. These dropdown menus are located on the **Patient Information** screen of the Child Hepatitis Case Report.

Create Attending Physician/Clinician Details

1. Click the **Case Report Entry** Tab located in the blue Navigation Bar at the top of the screen.
2. From the dropdown menu, select **Manage User Preferences**.



3. To enter information about an Attending Physician/Clinician, select **Create Attending Physician/Clinician Details** from the dropdown menu.



- 4. The **Attending Physician/Clinician** screen displays. Enter the details. Mandatory fields are marked with asterisks (*).
- 5. If available, select the appropriate **Prefix** and **Suffix** from the dropdown menus.

Home > Create Attending Physician/Clinician Details

Please complete the form below to create an Attending Physician/Clinician. All fields marked with an asterisk(*) are required.

ATTENDING PHYSICIAN/CLINICIAN

Prefix
Dr. x | v

First Name* [] Last Name* []

Suffix
Select...
II
III
IV
Jr
Sr
(XXX) XXX-XXXX

Address 2
Unit, Suite, Building, etc. []

State* [Select... | v] Zip Code* []

Email*
name@domain.com []

Clear Save

- 6. Enter the Attending Physician/Clinician's **First Name** and **Last Name**.

Please complete the form below to create an Attending Physician/Clinician. All fields marked with an asterisk(*) are required.

ATTENDING PHYSICIAN/CLINICIAN

Prefix
Dr. x | v

First Name* [] Last Name* []

Suffix
Sr x | v

- 7. Enter the Attending Physician/Clinician's **Address, City, State,** and **Zip Code**.

Address 1* []

Address 2
Unit, Suite, Building, etc. []

City* [] State* [Select... | v] Zip Code* []

8. Enter the Attending Physician/Clinician’s **Phone Number** and **Email Address**.

<p>Phone*</p> <input type="text" value="(XXX) XXX-XXXX"/>	<p>Email*</p> <input type="text" value="name@domain.com"/>
--	---

Please Note: If the information entered in the *Phone* and *Email* fields is not entered in the appropriate format, an error message displays that prevents you from proceeding to the next page until the format error is fixed.

9. After completing the mandatory fields, click **Save**.

ATTENDING PHYSICIAN/CLINICIAN

Prefix

First Name* **Last Name***

Suffix

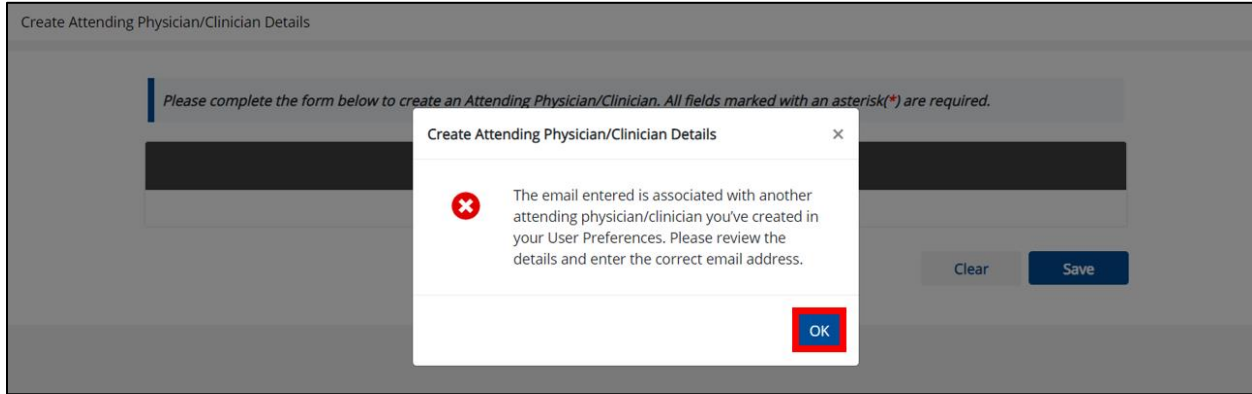
Address 1* **Address 2**

City* **State*** **Zip Code***

Phone* **Email***

Please Note: If you enter an email address that is already associated with another Attending Physician/Clinician and click **Save**, a pop-up displays with an error message that states:
The email entered is associated with another physician/clinician you’ve created in your User Preferences. Please review the details and enter the correct email address.

You must click **OK** and enter the correct email address to save the Attending Physician/Clinician details and proceed to the **View & Edit Attending Physician/Clinician Details** screen.

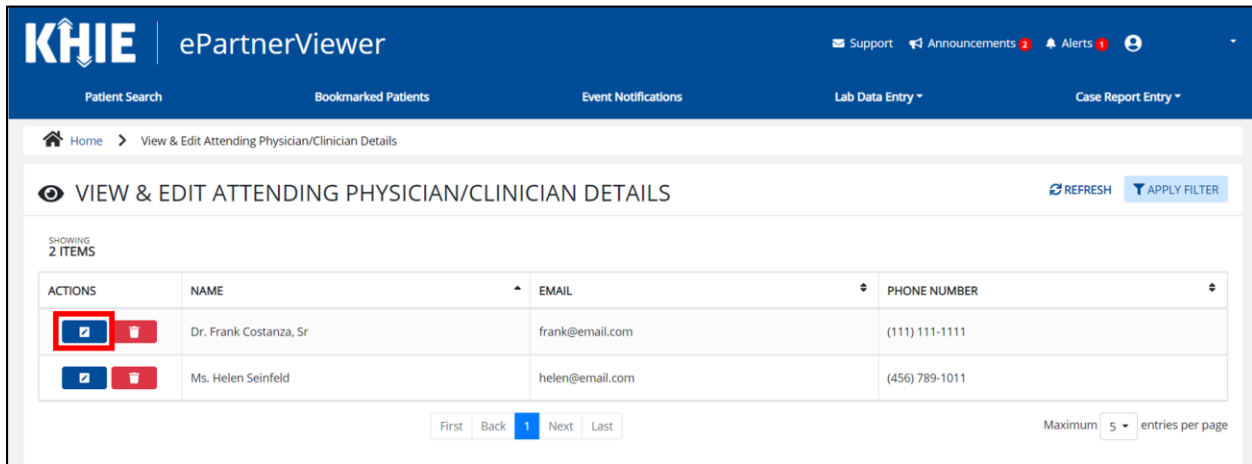


10. The *Create Attending Physician/Clinician Details* pop-up window displays. Click **OK** to proceed to the **View & Edit Attending Physician/Clinician Details** screen.

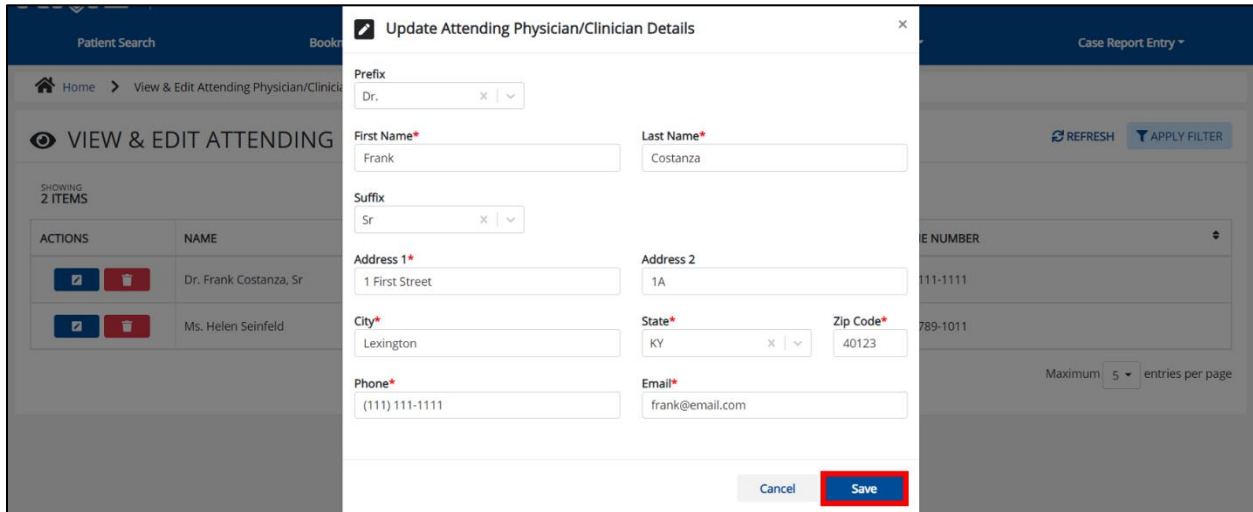


View & Edit Attending Physician/Clinician Details

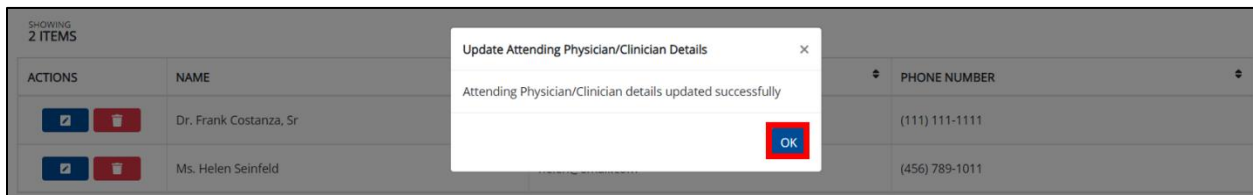
11. The **View & Edit Attending Physician/Clinician Details** screen displays. To edit details, click the **Edit** icon located next to the appropriate physician/clinician.



12. The *Update Attending Physician/Clinician Details* pop-up displays. You can make any necessary edits and click **Save** to save the updates and close out of the pop-up.

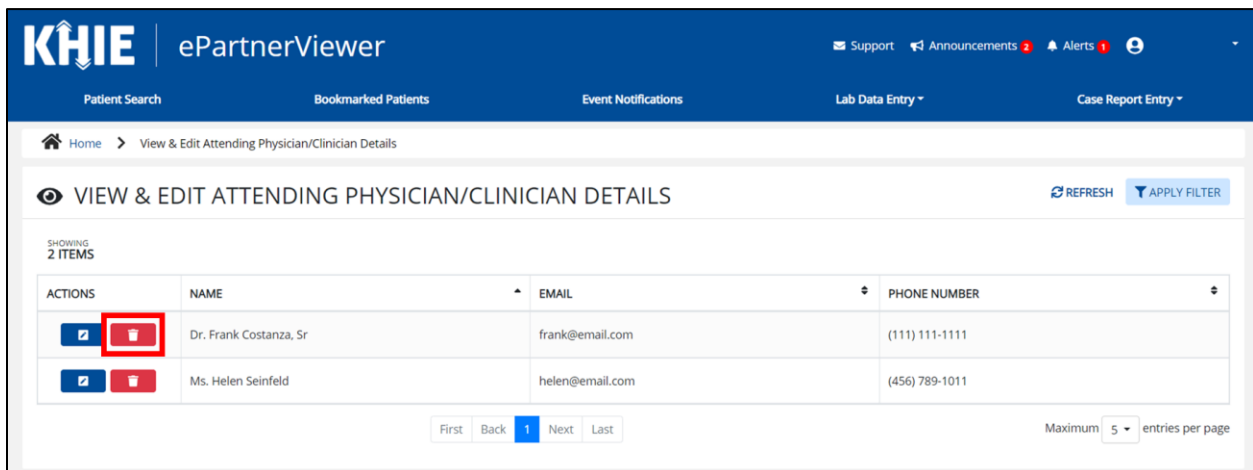


13. Once the update is successfully saved, a pop-up message displays. To proceed, click **OK**.

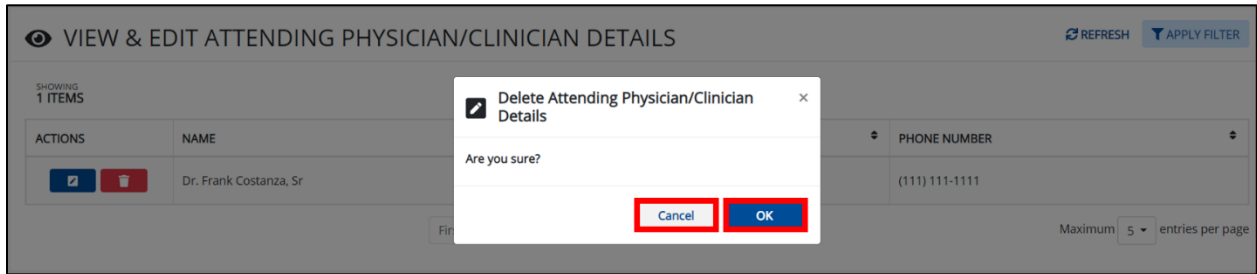


Delete Attending Physician/Clinician Details

14. To delete an Attending Physician/Clinician from the User Preferences, click the **Trash Bin Icon** located next to the appropriate Physician/Clinician.



15. The *Delete Attending Physician/Clinician Information Details* pop-up displays. To delete the Physician/Clinician, click **OK**. Click **Cancel** if you do not want to delete the Physician/Clinician.



Please Note: You can delete an Attending Physician/Clinician on the **View & Edit Attending Physician/Clinician** screen as long as the Attending Physician/Clinician has not been selected for use in another case report that is still in-progress.

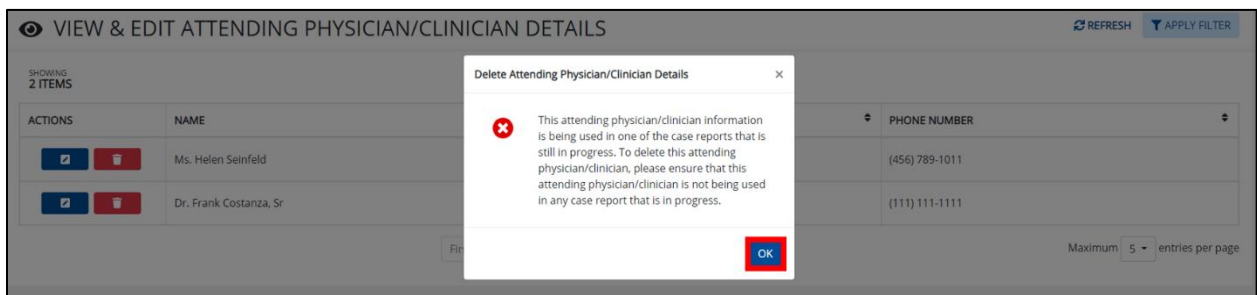
If you attempt to delete an attending physician/clinician who has been selected for use in a case report that has not been completed yet, a pop-up notification will display the following message:

This attending physician/clinician information is being used in a case report that is still in progress. To delete this attending physician/clinician, please ensure that this attending physician/clinician is not being used in a case report that is in progress.

To close out of the pop-up and proceed, click **OK**.

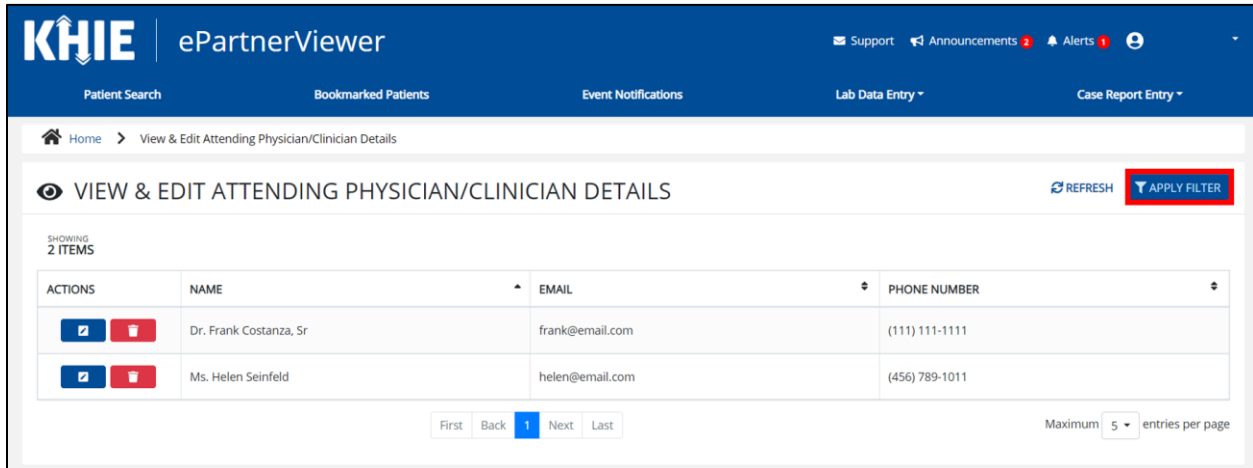
To delete the Attending Physician/Clinician used in a case report that is still "In-Progress", you must first complete the case report.

Once the appropriate case report is complete, you can delete the Attending Physician/Clinician from your User Preferences.

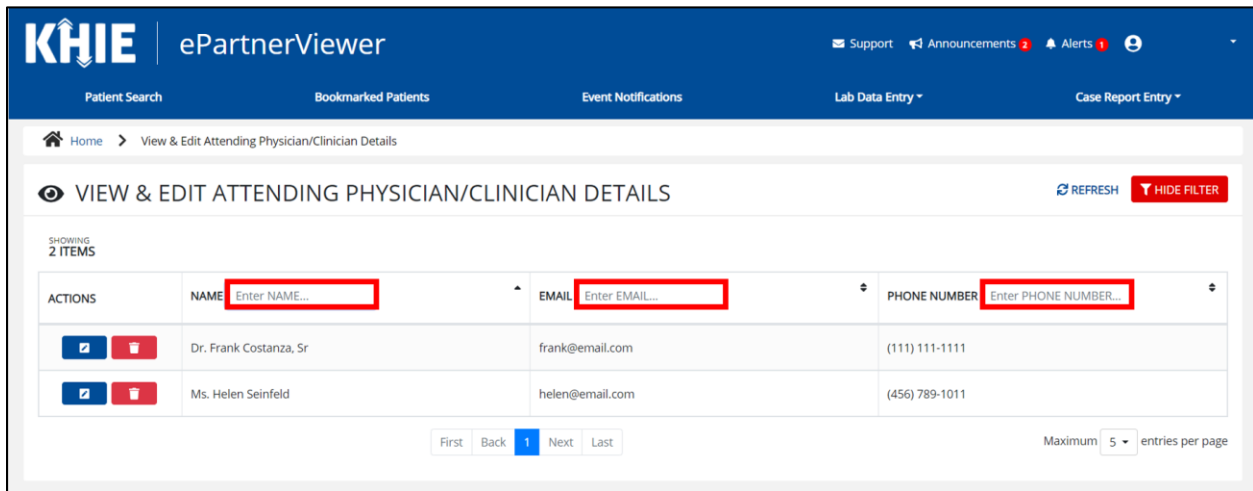


Filter Attending Physician/Clinician Details

16. To search for a specific Attending Physician/Clinician, click **Apply Filter**.

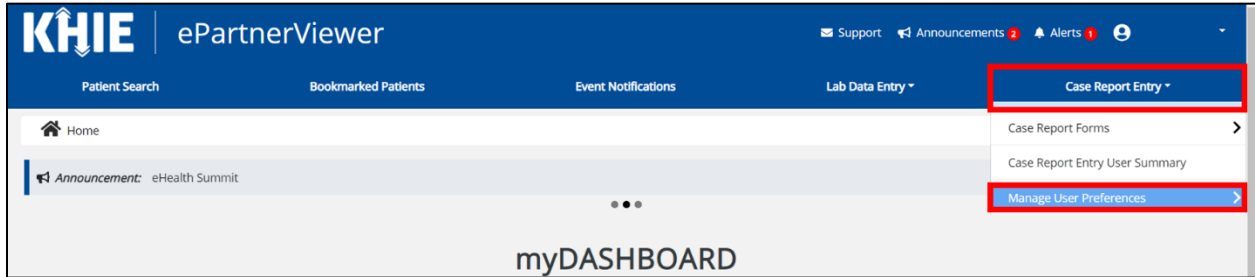


17. The Filter fields display. You can search by entering the **Attending Physician/Clinician's Name, Email Address,** and/or **Phone Number** in the corresponding Filter fields.

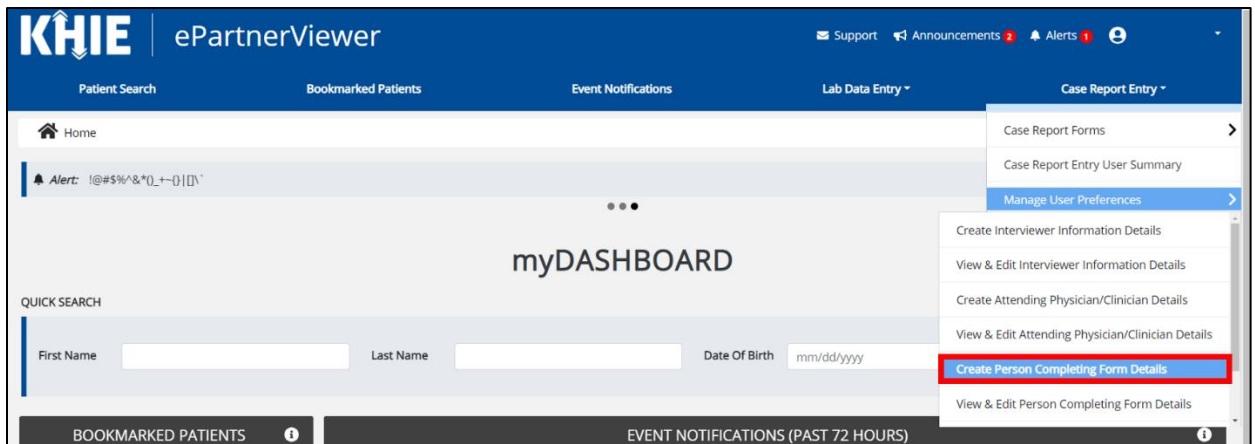


Create Person Completing Form Details

1. Click the **Case Report Entry** Tab located in the blue Navigation Bar at the top of the screen.
2. From the **Case Report Entry** Tab dropdown menu, select **Manage User Preferences**.



3. To enter the details about the person completing the form, select **Create Person Completing Form Details** from the dropdown menu.



4. The **Person Completing Form** screen displays. Enter the details. Mandatory fields are marked with asterisks (*).
5. If available, select the appropriate **Prefix** and **Suffix** from the dropdown menus.

A screenshot of the 'PERSON COMPLETING FORM' screen. The form contains several fields: Prefix (dropdown menu with 'Mr.' selected and highlighted in a red box), First Name* (text input), Last Name* (text input), Suffix (dropdown menu with options II, III, IV, Jr, Sr and highlighted in a red box), Address 2 (text input), State* (dropdown menu), Zip Code* (text input), and Email* (text input). A note at the top states: 'Please complete the form below to create a Person Completing Form. All fields marked with an asterisk(*) are required.'

6. Enter the **First Name** and **Last Name** of the Person completing the form.

First Name*	Last Name*
<input type="text"/>	<input type="text"/>

7. Enter the **Address, City, State,** and **Zip Code.**

Address 1*	Address 2	
<input type="text"/>	<input type="text" value="Unit, Suite, Building, etc."/>	
City*	State*	Zip Code*
<input type="text"/>	<input type="text" value="Select..."/>	<input type="text"/>

8. Enter the **Phone Number** and **Email Address.**

Phone*	Email*
<input type="text" value="(XXX) XXX-XXXX"/>	<input type="text" value="name@domain.com"/>

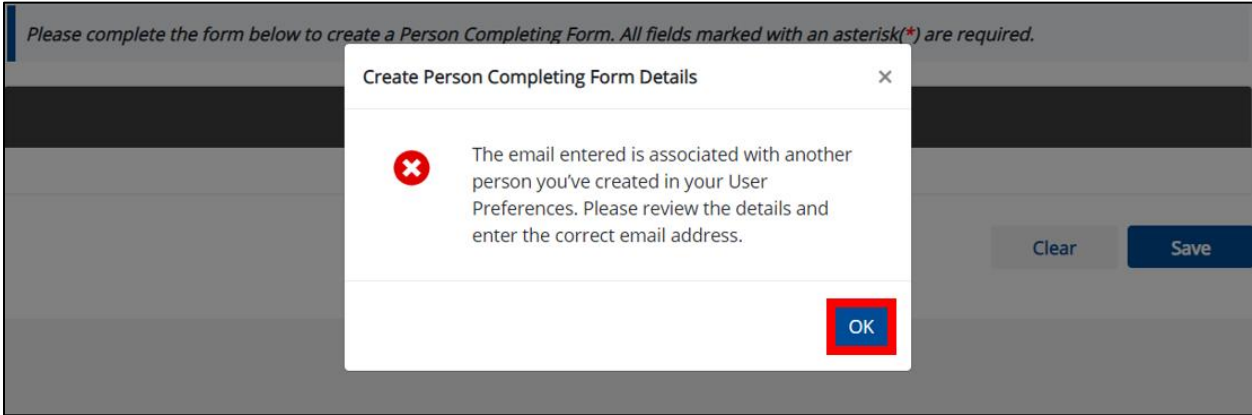
Please Note: If the information entered in the *Phone* and *Email* fields is not entered in the appropriate format, an error message displays that prevents you from proceeding to the next page until the format error is fixed.

9. After completing the mandatory fields, click **Save.**

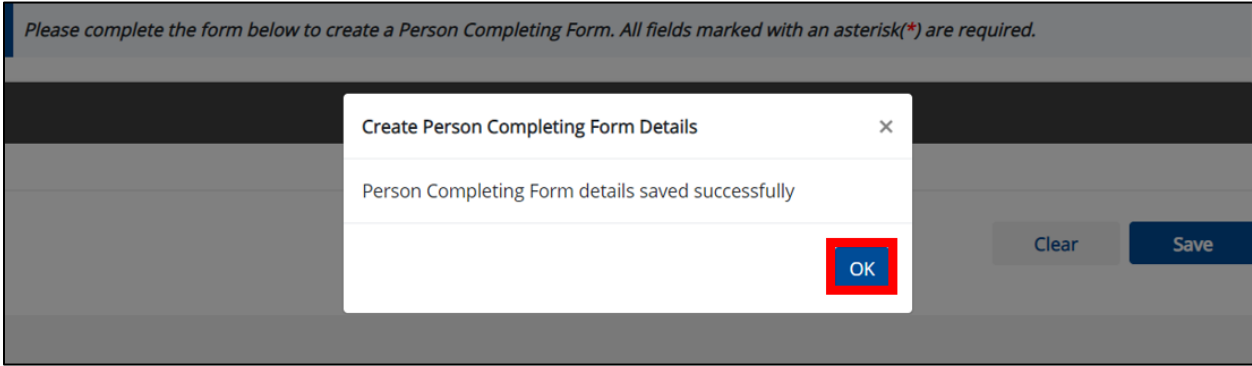
PERSON COMPLETING FORM

Prefix	<input type="text" value="Mr."/> x v				
First Name*	Arthur	Last Name*	Vandelay		
Suffix	<input type="text" value="II"/> x v				
Address 1*	22 Second Avenue	Address 2	Unit, Suite, Building, etc.		
City*	Lexington	State*	KY x v	Zip Code*	40222-
Phone*	(222) 222-2222	Email*	arthur@email.com		

Please Note: If you enter an email address that is already associated with another Person Completing Form and click **Save**, a pop-up displays with an error message that states:
The email entered is associated with another person you've created in your User Preferences. Please review the details and enter the correct email address.
You must click **OK** and enter the correct email address to save the Person Completing Form details and proceed to the **View & Edit Person Completing Form Details** screen.

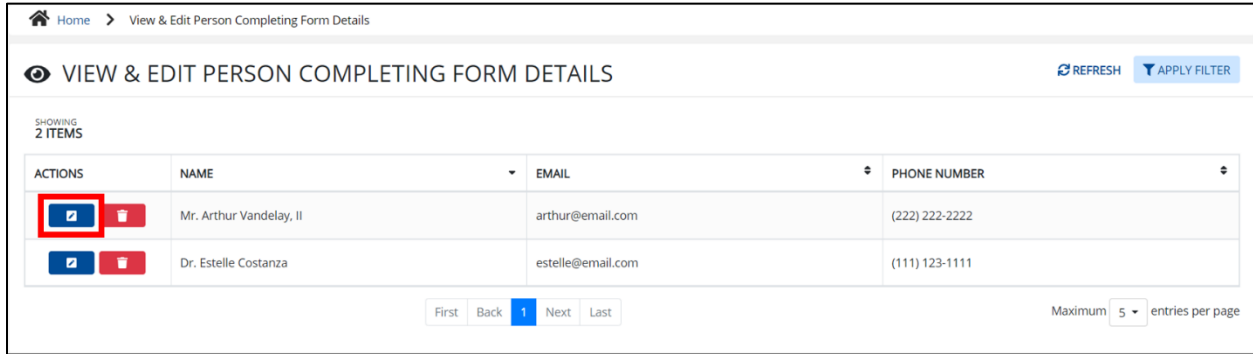


10. The *Create Person Completing Form Details* pop-up window displays. Click **OK** to proceed to the **View & Edit Person Completing Form Details** screen.

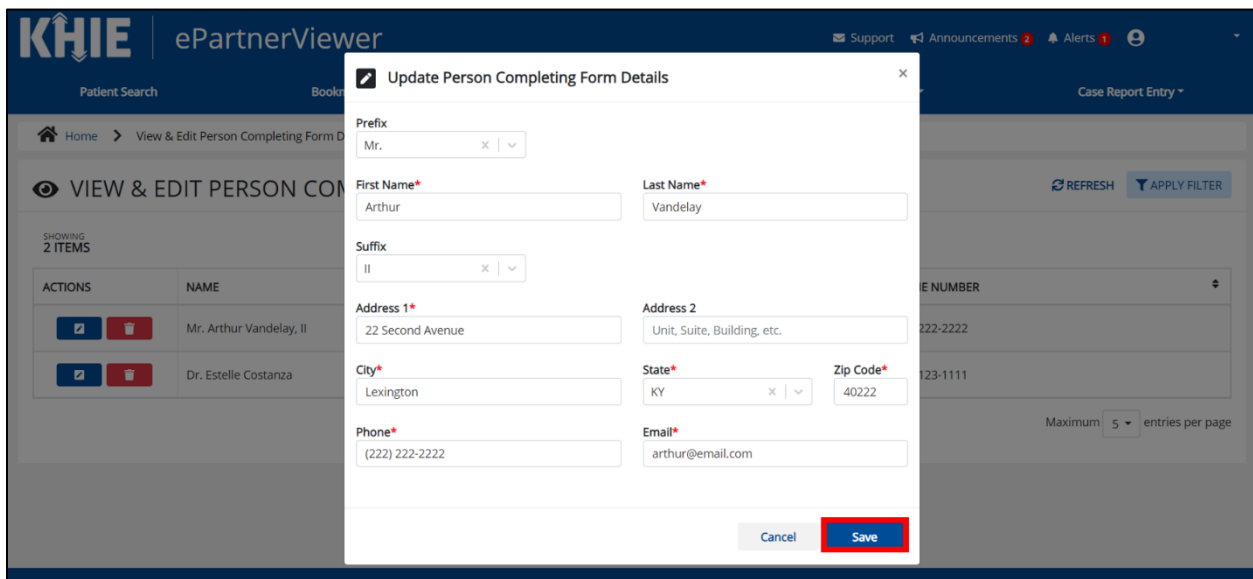


View & Edit Person Completing Form Details

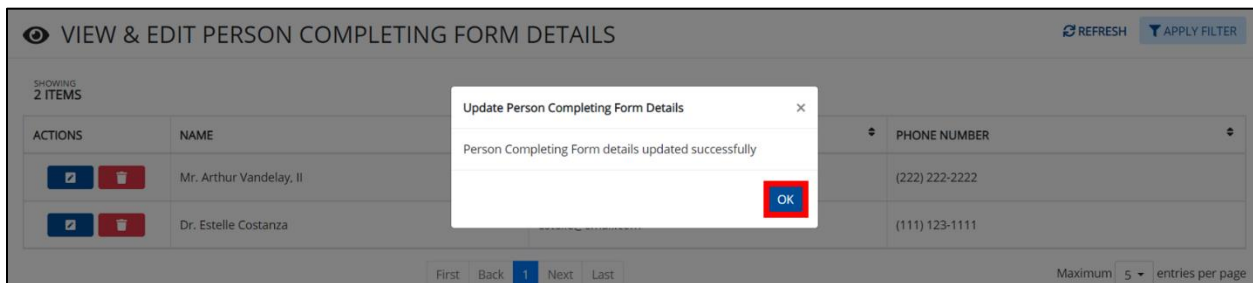
11. The **View & Edit Person Completing Form Details** screen displays. To edit details, click the **Edit** icon located next to the appropriate person.



12. The *Update Person Completing Form Details* pop-up displays. You can make any necessary edits and click **Save** to save the updates and close out of the pop-up.

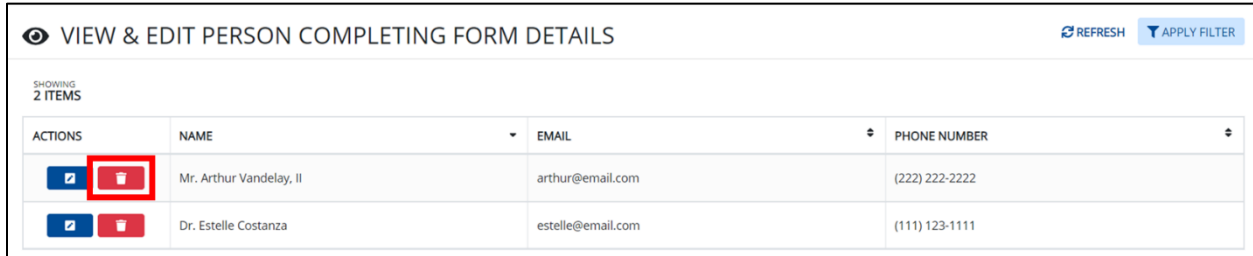


13. Once the update is successfully saved, a pop-up message displays. To proceed, click **OK**.

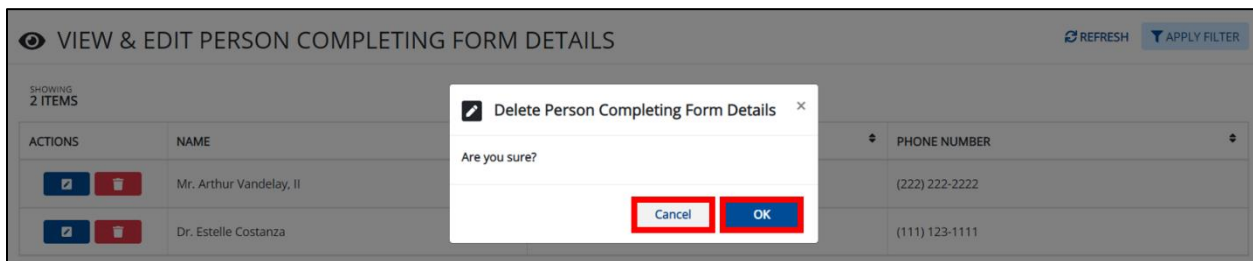


Delete Person Completing the Form Details

14. To delete someone from the User Preferences, click the **Trash Bin Icon** located next to the appropriate person.



15. The *Person Completing Form Details* pop-up displays. To delete, click **OK**. Click **Cancel** if you do not want to delete the person completing the form.

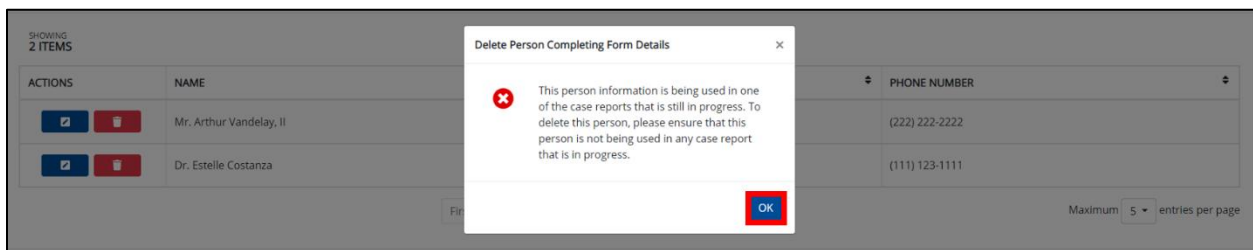


Please Note: You can delete a person on the **View & Edit Person Completing Form Details** screen as long as that person has not been selected for use in a case report that is still in-progress. If you attempt to delete a person who has been selected for use in a case report that has not been completed yet, a pop-up notification will display the following message:

This person completing form information is being used in a case report that is still in progress. To delete this person, please ensure that this person is not being used in any case report that is progress.

To close out of the pop-up and proceed, click **OK**.

To delete the details of a person used in a case report that is still “In-Progress”, you must first complete the case report. Once the appropriate case report is complete, you can delete the Person Completing Form details from your User Preferences.



Filter Person Creating Form Details

16. To search for a specific person in the User Preferences, click **Apply Filter**.

The screenshot shows the 'VIEW & EDIT PERSON COMPLETING FORM DETAILS' page in the ePartnerViewer application. The page header includes the KHIE logo and navigation links for Patient Search, Bookmarked Patients, Event Notifications, Lab Data Entry, and Case Report Entry. The main content area displays a table with two rows of data. The 'APPLY FILTER' button is highlighted with a red box.

ACTIONS	NAME	EMAIL	PHONE NUMBER
<input type="checkbox"/> <input type="checkbox"/>	Dr. Estelle Costanza	estelle@email.com	(111) 123-1111
<input type="checkbox"/> <input type="checkbox"/>	Mr. Arthur Vandelay, II	arthur@email.com	(222) 222-2222

17. The Filter fields display. You can search by entering the **Name**, **Phone Number**, and/or **Email Address** of the person completing the form in the corresponding Filter fields.

The screenshot shows the 'VIEW & EDIT PERSON COMPLETING FORM DETAILS' page with filter input fields highlighted in red. The 'HIDE FILTER' button is visible in the top right corner. The table below shows the data rows.

ACTIONS	NAME <input data-bbox="397 1052 553 1087" type="text" value="Enter Name..."/>	EMAIL <input data-bbox="755 1052 911 1087" type="text" value="Enter Email..."/>	PHONE NUMBER <input data-bbox="1166 1052 1321 1087" type="text" value="Enter Phone Number..."/>
<input type="checkbox"/> <input type="checkbox"/>	Dr. Estelle Costanza	estelle@email.com	(111) 123-1111
<input type="checkbox"/> <input type="checkbox"/>	Mr. Arthur Vandelay, II	arthur@email.com	(222) 222-2222

5 Basic Features in the Case Report Entry Form

This section describes the basic features of the Case Report Form in the ePartnerViewer.

Side Navigation Bar & Pagination

On the left side of the Case Report, tabs located in the **Side Navigation Bar** provide users the ability to go to the different screens within a Case Report. You can also use the pagination buttons to move to the next screen or to any previous screen.

1. Using the side navigation bar, you can navigate to any previously completed screen. Click the **hyperlink** of a previously completed screen to navigate to that specific screen.
2. Click **Previous** to go to the previous screen.
3. When all required fields have been completed on the current screen, click **Next** to proceed to the next screen.

PERINATAL HEPATITIS CASE REPORT FORM Section 4 of 9

Please select any underlying medical conditions and/or risk behaviors that the patient experienced during illness.

MEDICAL CONDITIONS

Patient Information	✔
Laboratory Information	✔
Applicable Symptoms	✔
Medical Conditions	
Exposure Information	🔒
Hospitalization, ICU & Death Information	🔒
Vaccination History	🔒
Additional Comments	🔒
Review & Submit	🔒

Did the patient have any underlying medical conditions and/or risk behaviors?*

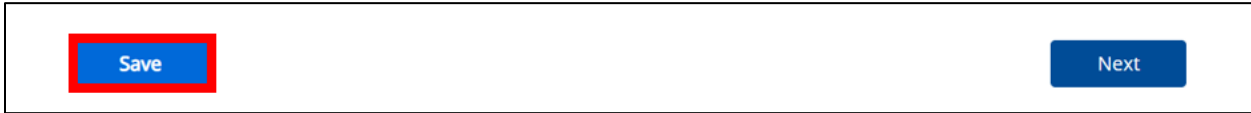
Substance abuse or misuse

If yes, please specify the substance that was abused or misused: 🗨

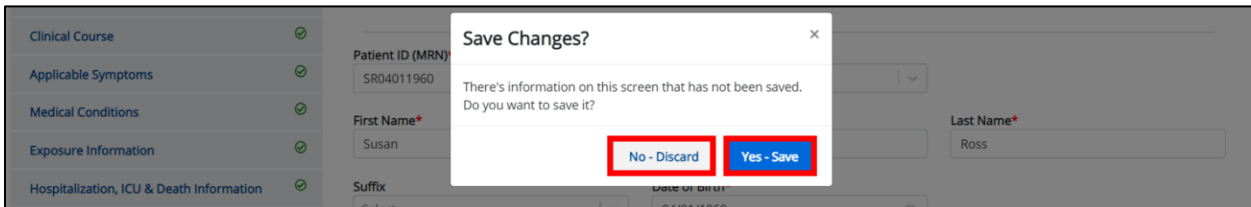
Save Feature

The **Save** feature allows Users to complete the case report form in multiple sessions. You must **save** the information you have entered in order to return later to the place you left off previously.

1. When all required fields have been completed, click **Save** at the bottom of the screen to save the current section.



2. If you click on a previously completed screen on the side navigation bar, the *Save Changes* pop-up will display. You have the option to save or discard the changes on the current screen before navigating to another screen.
 - If you click **Yes - Save** and all the required fields are entered on the current screen, you will navigate to the intended screen. (If you have not completed all the required fields on the current screen, you will not be allowed to save the data.) To navigate to the desired screen, you must first complete all the required fields on the current screen.
 - If you click **No - Discard**, you will navigate to the intended screen without saving any changes on the current screen. This means that none of the data entered on the current screen will be saved.



Case Report Entry Icons

Case Reports may contain Icons that serve as visual indicators to draw the user’s attention to specific information.

Icon Descriptions:

Icon	Name	Description
	Progress Bar	Indicates the percentage of completion.
	Lock	Indicates the sections that are not yet accessible; Users must enter all the required fields on the current screen and click Next to unlock the next screen.
	Green Checkmark	Indicates the sections that are complete.

Conditional Questions

Conditional Questions are those questions that are asked based on your responses to the previous questions. The Child Hepatitis Case Report has multiple screens with conditional questions. Based on the answer selected for conditional questions, certain subsequent fields on the screen will be enabled or grayed out and disabled. These conditional questions are found on the **Laboratory Information**, **Hospitalization, ICU & Death Information**, and **Vaccination History** screens.

Please Note: The **Vaccination History** screen is disabled and does not collect vaccine information when **Child Hepatitis C** is selected as the Disease/Organism. The **Vaccination History** screen is enabled and collects information only when **Child Hepatitis B** is selected.

- For example, if you select **No** to the conditional question at the top of the **Laboratory Information** screen of the Child Hepatitis Case Report, the subsequent fields will be grayed out and disabled.

The screenshot shows the 'CHILD HEPATITIS CASE REPORT FORM' at 'Section 2 of 7'. The main heading is 'LABORATORY INFORMATION'. A sidebar on the left lists navigation options: Patient Information (checked), Laboratory Information (selected), Exposure Information (locked), Hospitalization, ICU & Death Information (locked), Vaccination History (locked), Additional Comments (locked), and Review & Submit (locked). The main content area contains the question 'Does the patient have a lab test?' with 'Yes' and 'No' buttons. The 'No' button is highlighted in red. Below this, there is a note: 'If yes, at least one Hepatitis Marker test is required. If you choose to enter additional test results such as ALT, AST, or Bilirubin, please ensure you complete all fields for that test.' The form includes fields for 'Hepatitis Marker' (a dropdown menu), 'If other, please specify:' (a text input), 'Results' (a dropdown menu), and 'If applicable, please enter the viral load:' (a text input). At the bottom, there are date pickers for 'Test Result Date' and 'Specimen Collection Date', each with an 'Unknown' checkbox. A 'Laboratory Name:' text input is also present. At the very bottom, there are three sections: 'Add Hepatitis Marker', 'ALT' with an 'Add ALT' button, and 'AST' with an 'Add AST' button.

- If you select **Yes** to the conditional question at the top of the **Laboratory Information** screen, the subsequent laboratory-related fields are enabled.

LABORATORY INFORMATION

Patient Information ✔

Laboratory Information

Exposure Information 🔒

Hospitalization, ICU & Death Information 🔒

Vaccination History 🔒

Additional Comments 🔒

Review & Submit 🔒

Does the patient have a lab test?*

Yes No

If yes, at least one Hepatitis Marker test is required. If you choose to enter additional test results such as ALT, AST, or Bilirubin, please ensure you complete all fields for that test.

Hepatitis Marker*

Select... ▼

If other, please specify:

Results*

Select... ▼

If applicable, please enter the viral load: ?

Test Result Date Unknown Specimen Collection Date* Unknown

Laboratory Name:*

+ Add Hepatitis Marker

ALT

+ Add ALT

AST

+ Add AST

Bilirubin

+ Add Bilirubin

Additionally, if **No** or **Unknown** is selected for certain conditional questions, the screen will be disabled and the subsequent fields will be marked as **No** or **Unknown**, based on the selected answer. This type of conditional question is found on the **Exposure Information** screen.

- For example, if you select **No** to the conditional question at the top of the **Exposure Information** screen, the subsequent exposure-related fields will be disabled and labeled as **No**.

CHILD HEPATITIS CASE REPORT FORM Section 3 of 7

Please select the information that the patient was exposed to prior to illness.

EXPOSURE INFORMATION

Patient Information ✔	Did the patient have any of the following exposures in the past 6 months?*
Laboratory Information ✔	<input type="button" value="Yes"/> <input checked="" type="button" value="No"/> <input type="button" value="Unknown"/>
Exposure Information	
Hospitalization, ICU & Death Information 🔒	Mother Hepatitis B Virus positive <input type="button" value="Yes"/> <input checked="" type="button" value="No"/> <input type="button" value="Unknown"/>
Vaccination History 🔒	Mother Hepatitis C Virus positive <input type="button" value="Yes"/> <input checked="" type="button" value="No"/> <input type="button" value="Unknown"/>
Additional Comments 🔒	HBV Contact Exposure <input type="button" value="Yes"/> <input checked="" type="button" value="No"/> <input type="button" value="Unknown"/>
Review & Submit 🔒	HCV Contact Exposure <input type="button" value="Yes"/> <input checked="" type="button" value="No"/> <input type="button" value="Unknown"/>
	Foreign Born <input type="button" value="Yes"/> <input checked="" type="button" value="No"/> <input type="button" value="Unknown"/>
	If yes, please specify country: 📍 <input type="text" value="Select..."/>
	Is this part of an outbreak?*
	<input type="button" value="Yes"/> <input checked="" type="button" value="No"/> <input type="button" value="Unknown"/>
	If yes, please specify the name of the outbreak: 📍

- If you select **Unknown** to the conditional question at the top of **Exposure Information** screen, the subsequent exposure-related fields will be disabled and labeled as **Unknown**.

EXPOSURE INFORMATION

Patient Information ✔	Did the patient have any of the following exposures in the past 6 months?*
Laboratory Information ✔	<input type="button" value="Yes"/> <input type="button" value="No"/> <input checked="" type="button" value="Unknown"/>
Exposure Information	
Hospitalization, ICU & Death Information 🔒	Mother Hepatitis B Virus positive <input type="button" value="Yes"/> <input type="button" value="No"/> <input checked="" type="button" value="Unknown"/>
Vaccination History 🔒	Mother Hepatitis C Virus positive <input type="button" value="Yes"/> <input type="button" value="No"/> <input checked="" type="button" value="Unknown"/>
Additional Comments 🔒	HBV Contact Exposure <input type="button" value="Yes"/> <input type="button" value="No"/> <input checked="" type="button" value="Unknown"/>
Review & Submit 🔒	HCV Contact Exposure <input type="button" value="Yes"/> <input type="button" value="No"/> <input checked="" type="button" value="Unknown"/>
	Foreign Born <input type="button" value="Yes"/> <input type="button" value="No"/> <input checked="" type="button" value="Unknown"/>

- If you select **Yes** to the conditional question at the top of the **Exposure Information** screen, the subsequent exposure-related fields are enabled.

EXPOSURE INFORMATION

Patient Information

Laboratory Information

Exposure Information

Hospitalization, ICU & Death Information

Vaccination History

Additional Comments

Review & Submit

Did the patient have any of the following exposures in the past 6 months?*

Mother Hepatitis B Virus positive*

Mother Hepatitis C Virus positive*

HBV Contact Exposure*

HCV Contact Exposure*

Foreign Born*

If yes, please specify country:

Is this part of an outbreak?*

If yes, please specify the name of the outbreak:

6 Affiliation/Organization Conditional Question

Certain conditional questions only apply to the subsequent fields within the section. Based on the selection to a conditional question, certain subsequent fields in that section are enabled.

This applies to the conditional Affiliation/Organization question on the **Patient Information** screen:

Is the Affiliation/Organization the same for Patient ID (MRN), Person completing Form, Attending Physician/Clinician?

Based on the selected answer to the conditional question, you can apply the **same** Affiliation/Organization to the Patient ID (MRN), the Person Completing the Form, and the Attending Physician/Clinician; **OR** you can apply a **different** Affiliation/Organization to each.

The screenshot shows a form titled "Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?*" with two buttons: "Yes" and "No". Below this are three rows of input fields:

- Row 1: "Patient ID (MRN)" with a text input field and "Affiliation/Organization" with a dropdown menu.
- Row 2: "Person Completing Form" with a dropdown menu, "Affiliation/Organization" with a dropdown menu, and "If other, please specify:" with a text input field.
- Row 3: "Attending Physician/Clinician" with a dropdown menu, "Affiliation/Organization" with a dropdown menu, and "If other, please specify:" with a text input field.

- Select **Yes** to apply the **same** Affiliation/Organization to the Patient ID (MRN), the Person Completing the Form, and the Attending Physician/Clinician.
- Select **No** to apply **different** Affiliation/Organization to the Patient ID (MRN), the Person Completing the Form, and the Attending Physician/Clinician.

Affiliation/Organization Conditional Answer: Yes

If **Yes** is selected for the conditional Affiliation/Organization question, the **same** Affiliation/Organization is applied to the Patient ID (MRN), the Person Completing the Form, and the Attending Physician/Clinician.

- Only **one** *Affiliation/Organization* field is enabled. You must complete the Affiliation/Organization field that corresponds to the Patient ID (MRN). The *Affiliation/Organization* fields for the Person Completing Form and the Attending Physician/Clinician are disabled.

1. Select the **Affiliation/Organization** for the Patient ID (MRN) from the dropdown menu.

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?*

Yes No

Patient ID (MRN)* Affiliation/Organization*

Person Completing Form* Affiliation/Organization If other, please specify:

Attending Physician/Clinician* Affiliation/Organization If other, please specify:

- Once the Affiliation/Organization is selected for the Patient ID (MRN), this selection will display in the disabled *Affiliation/Organization* fields.
- This means the **same** Affiliation/Organization is applied to the Patient ID (MRN), the Person Completing Form, and the Attending Physician/Clinician.

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?*

Yes No

Patient ID (MRN)* Affiliation/Organization*

Person Completing Form* Affiliation/Organization If other, please specify:

Attending Physician/Clinician* Affiliation/Organization If other, please specify:

Affiliation/Organization Conditional Answer: No

If **No** is selected for the conditional Affiliation/Organization question, a **different** Affiliation/Organization can be applied to the Patient ID (MRN), the Person Completing the Form, and the Attending Physician/Clinician.

- **Each** of the three (3) *Affiliation/Organization* fields are enabled.
- You must complete **each** of the *Affiliation/Organization* fields respectively for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician.

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?*

Yes **No**

Patient ID (MRN)* Affiliation/Organization*

Person Completing Form* Affiliation/Organization* If other, please specify:

Attending Physician/Clinician* Affiliation/Organization* If other, please specify:

1. From the dropdown menu, select the **Affiliation/Organization** for the Patient ID (MRN).

Patient ID (MRN)* Affiliation/Organization*

Person Completing Form* If other, please specify:

Attending Physician/Clinician* If other, please specify:

Prefix

Affiliation/Organization* dropdown menu items:
Afzal, Mohammad MD, Internal Medicine, LLC
eICR Onboarding Regression
Hilton Hospital
King's Daughters Medical Center
Murray-Calloway County Hospital
Test Medical Center
University Of Kentucky Chandler Medical Center

2. From the dropdown menu, select the **Affiliation/Organization** for the Person Completing Form.

Person Completing Form* Affiliation/Organization* If other, please specify:

Attending Physician/Clinician* If other, please specify:

Prefix

First Name* Last Name*

Suffix Date of Birth*

Affiliation/Organization* dropdown menu items:
eICR Onboarding Regression
Hilton Hospital
King's Daughters Medical Center
Murray-Calloway County Hospital
Test Medical Center
University Of Kentucky Chandler Medical Center
Other

Please Note: If you select *Other* from the *Affiliation/Organization* dropdown menu for the Person Completing Form, the following subsequent textbox is enabled: *If other, please specify.* You must enter the **name of the affiliation/organization.**

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?*

Patient ID (MRN)* Affiliation/Organization*

Person Completing Form* Affiliation/Organization*

If other, please specify:*

Please select the organization of the person completing this form (if it is not listed the Affiliation/Organization dropdown).

3. From the dropdown menu, select the **Affiliation/Organization** for the Attending Physician/Clinician.

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?*

Patient ID (MRN)* Affiliation/Organization*

Person Completing Form* Affiliation/Organization*

Attending Physician/Clinician* Affiliation/Organization*

Prefix

First Name*

Suffix

Patient Sex*

Ethnicity*

Race*

If other, please specify:*

If other, please specify:

Please select the organization of the physician attending the patient.

- Afzal, Mohammad MD, Internal Medicine, LLC
- eICR Onboarding Regression
- Hilton Hospital
- King's Daughters Medical Center
- Murray-Calloway County Hospital
- Test Medical Center
- University Of Kentucky Chandler Medical

Please Note: If you select *Other* from the *Affiliation/Organization* dropdown menu for the Attending Physician/Clinician, the subsequent textbox is enabled: *If other, please specify.* You must enter the **name of the Affiliation/Organization.**

Attending Physician/Clinician* Affiliation/Organization*

If other, please specify:*

Affiliation/Organization Validation

If, after completing the *Affiliation/Organization* section, you change your answer to the conditional question from **No** to **Yes** or vice versa, a pop-up will display to confirm the change in answer.

A pop-up displays with a message that states: **All selections for the "Affiliation/Organization" will be reset. Are you sure you want to change your selection?**

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?*

Yes **No**

Patient ID (MRN)* SK05051960 Affiliation/Organization* Test Medical Center

Person Completing Form* Mr. Arthur Vandelay, II (arthur@email.com) Affiliation/Organization* Other If other, please specify:* Test Hospital

Attending Physician/Clinician* Dr. Frank Costanza, Sr (frank@email.com) Affiliation/Organization* Test Medical Center If other, please specify:

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?*

Yes **No**

Patient ID (MRN)* SK05051960 Affiliation/Organization* Test Medical Center

Person Completing Form* Mr. Arthur Vandelay, II (arthur@email.com) Affiliation/Organization* Test Medical Center If other, please specify:

Attending Physician/Clinician* Dr. Frank Costanza, Sr (frank@email.com) Affiliation/Organization* Test Medical Center If other, please specify:

- To reset the Affiliation/Organization selection(s), click **Yes**.
- To save the selected Affiliation/Organization selection(s), click **No**.

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?*

Yes **No**

Patient ID (MRN)* SK05051960 Affiliation/Organization* Test Medical Center

Person Completing Form* Mr. Arthur Vandelay, Affiliation/Organization* Test Medical Center If other, please specify:

Attending Physician/Clinician* Dr. Frank Costanza, Sr (frank@email.com) Affiliation/Organization* Test Medical Center If other, please specify:

Patient Information

⚠ All selections for the "Affiliation/Organization" will be reset. Are you sure you want to change your selection?

Yes **No**

Change Affiliation/Organization Conditional Answer: No to Yes

If, after completing the *Affiliation/Organization* section, you change your answer to the conditional question from **No** to **Yes**, a pop-up message will display.

1. To reset your previous Affiliation/Organization selections for the Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician, click **Yes** on the pop-up.

2. An error message prevents you from proceeding until an Affiliation/Organization is selected. You must select the **Affiliation/Organization** for the Patient ID (MRN) in order to proceed.
 - Your previous Affiliation/Organization selections for the Person Completing Form and the Attending Physician/Clinician have been reset.
 - The *Affiliation/Organization* fields for the Person Completing Form and the Attending Physician/Clinician are now blank and disabled.

3. From the dropdown menu, select the **Affiliation/Organization** for the Patient ID (MRN).

The screenshot shows a form with the following fields and options:

- Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?*: Yes No
- Patient ID (MRN)*: SK05051960
- Affiliation/Organization*: A dropdown menu is open, showing a list of options: Afzal, Mohammad MD, Internal Medicine, LLC; eICR Onboarding Regression; Hilton Hospital; King's Daughters Medical Center; Murray-Calloway County Hospital; Test Medical Center (highlighted); University Of Kentucky Chandler Medical Center.
- Person Completing Form*: Mr. Arthur Vandelay, II (arthur@email.com)
- Attending Physician/Clinician*: Dr. Frank Costanza, Sr (frank@email.com)
- Prefix: Ms.
- Two "If other, please specify:" text input fields.

4. The **Affiliation/Organization** selected for the Patient ID (MRN) will display in disabled *Affiliation/Organization* fields for the Person Completing Form and the Attending Physician/Clinician.

- This means the **same** Affiliation/Organization will be applied to the Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician.

The screenshot shows the same form as above, but with the following changes:

- The dropdown menu for Affiliation/Organization* is now closed and displays "Test Medical Center".
- The dropdown menus for Person Completing Form* and Attending Physician/Clinician* are now disabled and display "Test Medical Center".
- The "If other, please specify:" text input fields are now empty.

Change Affiliation/Organization Conditional Answer: Yes to No

If, after completing the *Affiliation/Organization* section, you change your answer to the conditional question from **Yes** to **No**, a pop-up will display.

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?*

Patient ID (MRN)* SK05051960 Affiliation/Organization* Test Medical Center

Person Completing Form* Mr. Arthur Vandelay, II (arthur@email.com) Affiliation/Organization Test Medical Center If other, please specify:

Attending Physician/Clinician* Dr. Frank Costanza, Sr (frank@email.com) Affiliation/Organization Test Medical Center If other, please specify:

1. To reset your previous Affiliation/Organization selection for the Patient ID (MRN), click **Yes** on the pop-up.

Patient Information

All selections for the "Affiliation/Organization" will be reset. Are you sure you want to change your selection?

2. You must complete **each** of the *Affiliation/Organization* fields corresponding to Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician.
 - Your previous Affiliation/Organization selection for the Patient ID (MRN) has been reset.
 - **All** three (3) of the *Affiliation/Organization* fields are enabled.
 - This means a different Affiliation/Organization can be selected for each field.

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?*

Patient ID (MRN)* CK08101955 Affiliation/Organization* Select...

Person Completing Form* Dr. Estelle Costanza (estelle@email...) Affiliation/Organization* Select... If other, please specify:

Attending Physician/Clinician* Dr. Frank Costanza, Sr (frank@email...) Affiliation/Organization* Select... If other, please specify:

3. From the dropdown menu, select the **Affiliation/Organization** for the Patient ID (MRN).

4. From the dropdown menu, select the **Affiliation/Organization** for the Person Completing Form.

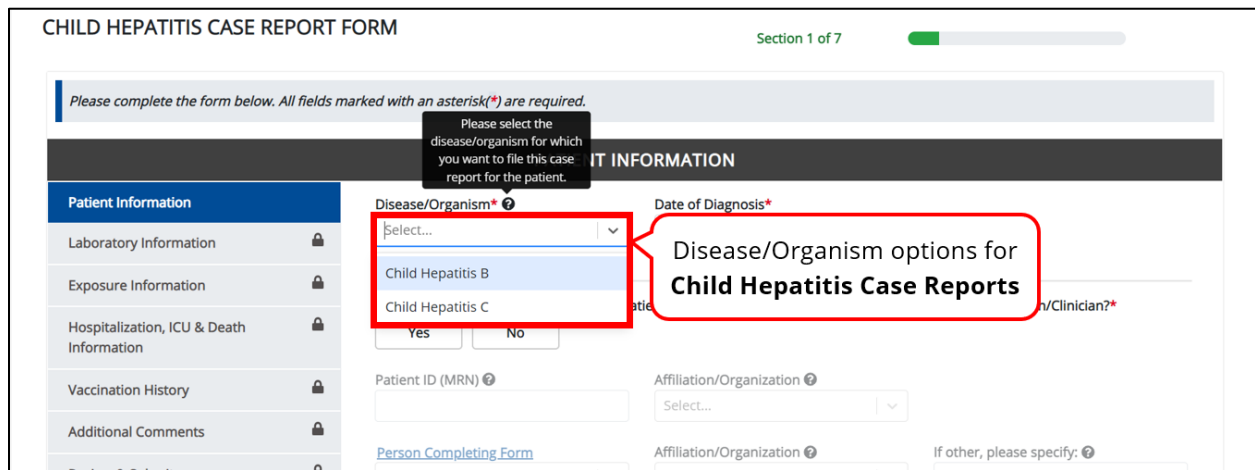
5. From the dropdown menu, select the **Affiliation/Organization** for the Attending Physician/Clinician.

Please Note: If you select **Other** from the *Affiliation/Organization* dropdown menu for the Person Completing Form or the Attending Physician/Clinician, the following subsequent textbox is enabled: *If other, please specify*. You must enter the name of the **affiliation/organization**.

7 Dynamic Functions based on Disease/Organism

Based on the **Disease/Organism** selected from the dropdown menu on the **Patient Information** screen of the Child Hepatitis Case Report, certain subsequent screens will dynamically display information that applies to the selected disease/organism. This means certain screens will display only the symptoms, lab tests, and vaccine information that apply to the selected disease/organism.

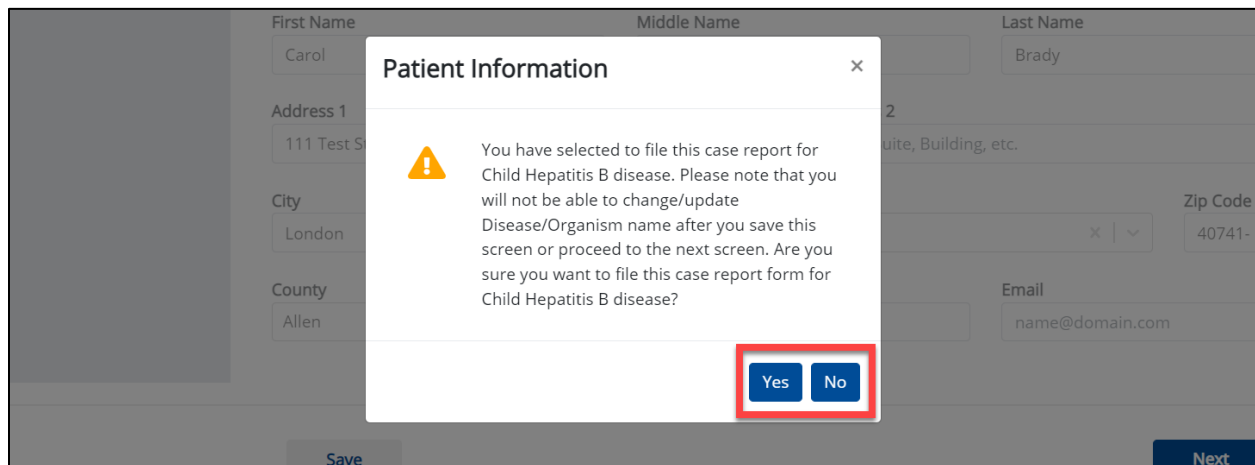
- Once the Disease/Organism selection is saved on the **Patient Information** screen, the subsequent dynamic screens are customized to display only the information that applies to the selected Disease/Organism.



Change or Save Disease/Organism Selection

Once you select a **Disease/Organism** from the dropdown menu, and click **Save** or **Next** on the **Patient Information** screen, a pop-up displays with a message that states:

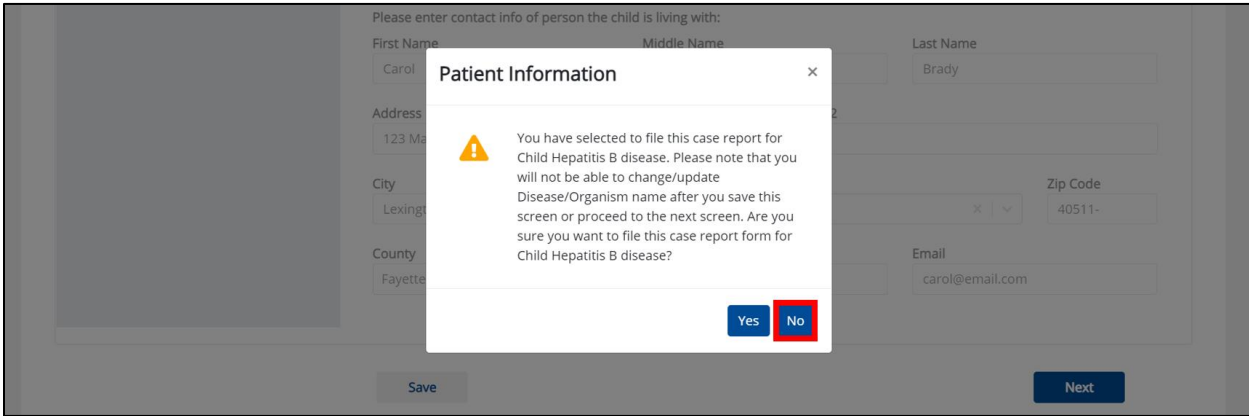
You have selected to file this case report for [selected disease]. Please note that you will not be able to change/update Disease/Organism name after you save this screen or proceed to the next screen. Are you sure you want to file this case report for [selected disease]?



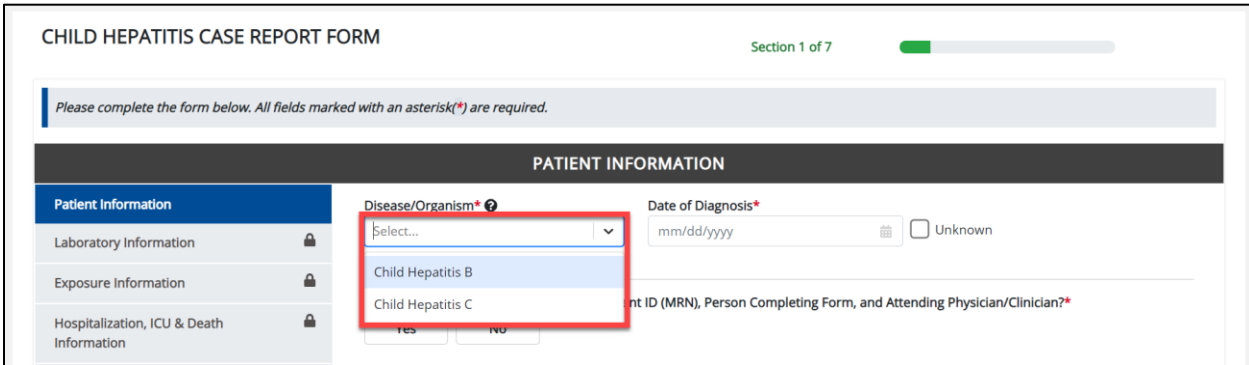
Please Note: All Disease/Organism selections are final. Once the selection is saved on the **Patient Information** screen, the subsequent dynamic screens are customized to display information that applies only to the selected Disease/Organism.

You have one more opportunity to select **No** to change the Disease/Organism. You can select **Yes** to finalize the Disease/Organism selection.

- 1. Upon clicking **Save** or **Next** at the bottom of the **Patient Information** screen, the Disease/Organism Pop-Up displays.
- 2. To change the selected Disease/Organism, click **No**.



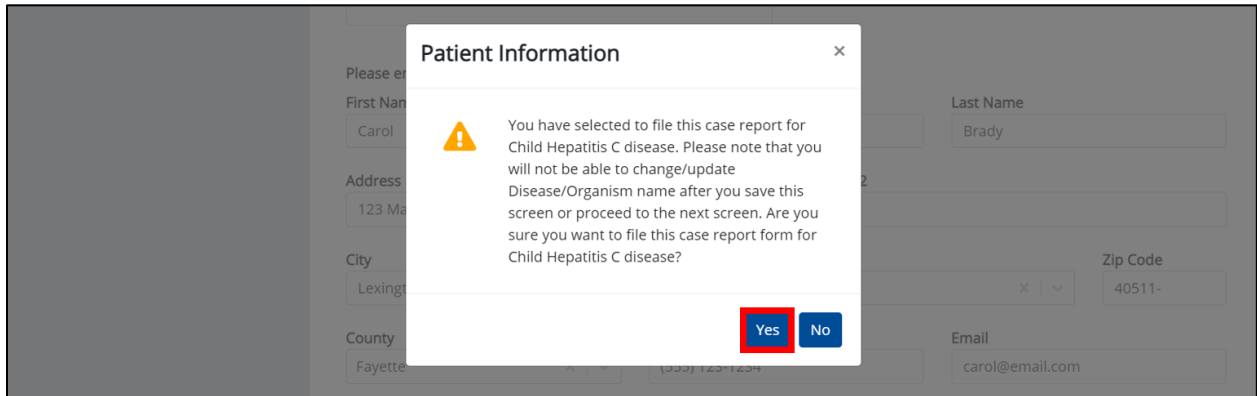
- 3. Select a **different Disease/Organism** from the dropdown menu.



- 4. Once the Disease/Organism selection is complete, click **Save** to save the change or click **Next** at the bottom of the **Patient Information** screen.



- 5. The Disease/Organism Pop-Up displays to confirm the change in selection. Click **Yes** to save the Disease/Organism selection.



- 6. After saving the selection, the *Disease/Organism* field is disabled and displays the selected Disease/Organism. You can no longer change the selected Disease/Organism.



8 Dynamic Screens for Child Hepatitis Case Report

The following screens display dynamic information based on the **Disease/Organism** selected from the dropdown menu on the **Patient Information** screen of the Child Hepatitis Case Report.

Laboratory Information: Dynamic Screen

On the **Laboratory Information** screen of the Child Hepatitis Case Report, the *Hepatitis Marker* dropdown menu displays only the hepatitis marker options that apply to the Disease/Organism selected on the **Patient Information** screen.

CHILD HEPATITIS CASE REPORT FORM Section 2 of 7

Please provide laboratory information related to this case.

LABORATORY INFORMATION

- Patient Information
- Laboratory Information**
- Exposure Information
- Hospitalization, ICU & Death Information
- Vaccination History
- Additional Comments
- Review & Submit

Does the patient have a lab test?*

Yes No

If yes, at least one Hepatitis Marker test is required. If you choose to enter additional test results such as ALT, AST, or Bilirubin, please ensure you complete all fields for that test.

Hepatitis Marker*

Select...

- HEPATITIS B VIRUS CORE AB
- HEPATITIS B VIRUS CORE AB.IGG
- HEPATITIS B VIRUS CORE AB.IGM
- HEPATITIS B VIRUS DNA
- HEPATITIS B VIRUS GENOTYPE
- HEPATITIS B VIRUS LITTLE E AB
- HEPATITIS B VIRUS LITTLE E AG

Specimen Collection Date* Unknown

Laboratory Name*

Vaccination History

Additional Comments

Review & Submit

Hepatitis Marker*

Select...

- HEPATITIS C VIRUS AB
- HEPATITIS C VIRUS AB SIGNAL/CUTOFF
- HEPATITIS C VIRUS RNA
- Hepatitis C virus RNA panel
- HEPATITIS C VIRUS RRNA
- Other

Test Result Date* Unknown

Specimen Collection Date* Unknown

Vaccination History: Dynamic Screen

The **Vaccination History** screen is dynamic and displays certain fields based on the Disease/Organism selected.

- The **Vaccination History** screen is disabled and does **not** collect vaccine information when **Child Hepatitis C** is selected as the Disease/Organism.

CHILD HEPATITIS CASE REPORT FORM Section 5 of 7

Please provide the vaccination history of the patient related to this case.

VACCINATION HISTORY

- Patient Information ✓
- Laboratory Information ✓
- Exposure Information ✓
- Hospitalization, ICU & Death Information ✓
- Vaccination History**
- Additional Comments 🔒
- Review & Submit 🔒

NOTE: No information is required to be provided on this screen. Please click on the "Next" button to proceed.

The **Vaccination History screen does **not** collect vaccination details for **Child Hepatitis C.****

Save Previous Next

The **Vaccination History** screen is enabled and collects information only when **Child Hepatitis B** is selected as the Disease/Organism.

- When **Child Hepatitis B** is selected as the Disease/Organism, the **Vaccination History** collects vaccination details related to Child Hepatitis B.

VACCINATION HISTORY

- Patient Information ✓
- Laboratory Information ✓
- Exposure Information ✓
- Hospitalization, ICU & Death Information ✓
- Vaccination History**
- Additional Comments 🔒
- Review & Submit 🔒

Has the patient ever received a Hepatitis B vaccine?*

Yes No Unknown Refuse

Vaccine Details

If yes, please provide vaccine name:*

Select...

- Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Inactivated Poliovirus, Haemophilus b Conjugate (Meningococcal Protein Conjugate), and Hepatitis B (Recombinant) Vaccine.
- Diphtheria, pertussis, tetanus, hepatitis B, Haemophilus Influenza Type b, (Pentavalent)
- DTaP-hepatitis B and poliovirus vaccine
- DTP- Haemophilus influenzae type b conjugate and hepatitis b vaccine
- Haemophilus influenzae type b conjugate and Hepatitis B vaccine
- hepatitis A and hepatitis B vaccine
- hepatitis A and hepatitis B vaccine, pediatric/adolescent (non-US)

The **Vaccination History screen collects the name of the vaccine that the patient received for **Child Hepatitis B.****

VACCINATION HISTORY

- Patient Information ✔
- Laboratory Information ✔
- Exposure Information ✔
- Hospitalization, ICU & Death Information ✔
- Vaccination History
- Additional Comments 🔒
- Review & Submit 🔒

Has the patient ever received a Hepatitis B vaccine?*

Vaccine Details

If yes, please provide vaccine name:* ?

hepatitis B vaccine, adolescent/high risk infant dosage

If other, please specify: ?

If yes, please enter the number of doses:* ?

Select... v

- 1
- 2
- 3
- 4

For Infants born to mothers with HBV, was HBIG given?*

If yes, please specify the date administered: ?

Date Administered

Unknown

The **Vaccination History** screen collects the **number of vaccine doses** that the patient received for **Child Hepatitis B**.

VACCINATION HISTORY

- Patient Information ✔
- Laboratory Information ✔
- Exposure Information ✔
- Hospitalization, ICU & Death Information ✔
- Vaccination History
- Additional Comments 🔒
- Review & Submit 🔒

Has the patient ever received a Hepatitis B vaccine?*

Vaccine Details

If yes, please provide vaccine name:* ?

hepatitis B vaccine, adolescent/high risk infant dosage x v

If other, please specify: ?

If yes, please enter the number of doses:* ?

4 v

If yes, please specify the date administered: ?

<p>Date Administered (1st dose)*</p> <p><input type="text" value="mm/dd/yyyy"/> <input type="button" value="🗑️"/> <input type="checkbox"/> Unknown</p>	<p>Date Administered (2nd dose)*</p> <p><input type="text" value="mm/dd/yyyy"/> <input type="button" value="🗑️"/> <input type="checkbox"/> Unknown</p>
<p>Date Administered (3rd dose)*</p> <p><input type="text" value="mm/dd/yyyy"/> <input type="button" value="🗑️"/> <input type="checkbox"/> Unknown</p>	<p>Date Administered (4th dose)*</p> <p><input type="text" value="mm/dd/yyyy"/> <input type="button" value="🗑️"/> <input type="checkbox"/> Unknown</p>

The **Vaccination History** screen collects the **date(s)** the patient received **Hepatitis B vaccines**.

9 Tips for Manually Entering Case Report Data

Become familiar with these tips prior to entering case reports. When entering data, please keep these key notes in mind:

- There are **mandatory** fields marked with **red asterisks (*)**. These fields must be completed in order to proceed. In addition to completing the mandatory fields, you are encouraged to enter as much information as possible.

Please complete the form below. All fields marked with asterisk(*) are required.

PATIENT INFORMATION

Patient information

SARS CoV-2 Testing

Interviewer Name* Select... Affiliation/Organization* Select...

- *Help Icons* are available to guide you while entering data in the fields.

Please complete the form below. All fields marked with asterisk(*) are required.

PATIENT INFORMATION

Patient Information

SARS CoV-2 Testing

Clinical Course

Applicable Symptoms

Interviewer Name* Dr. x | v

Affiliation/Organization* Test Medical Center x | v

Patient ID (MRN)* ?

Prefix Select... | v

An MRN or Medical Record Number is an Organization specific, unique Identification Number assigned to a patient by a healthcare organization. If your organization does not use an MRN, you MUST create a way to uniquely identify your Patient.

- For entering address information, all States are available for selection in the *State* field dropdown menu. When you select the **state of Kentucky**, all Kentucky counties are available for selection in the *County* dropdown menu.

City

State KY x | v

Zip Code

County Select... | v

Phone Number

Email Address

Adair

Allen

Anderson

Ballard

Barren

Bath

Bell

interactive HEALTHINTERACTIVE HIE /versi

- However, when you select **any state other than Kentucky**, the system will display the message *Out of System State* and will not display counties in the *County* dropdown menu.

City State x | v

Zip Code County x | v

1. Enter dates by entering 2 digits for the month, 2 digits for the day, and 4 digits for the year.
- You can also click the *Date* field to bring up a calendar. You can click a **date on the calendar** or use the field dropdown menus to select the month and the year.

Admission Date* Unknown Unknown

Discharge Date* Unknown

June 2021
Su Mo Tu We Th Fr Sa
30 31 1 2 3 4 5
6 7 8 9 10 11 12
13 14 15 16 17 18 19
20 21 22 23 24 25 26
27 28 29 30 1 2 3

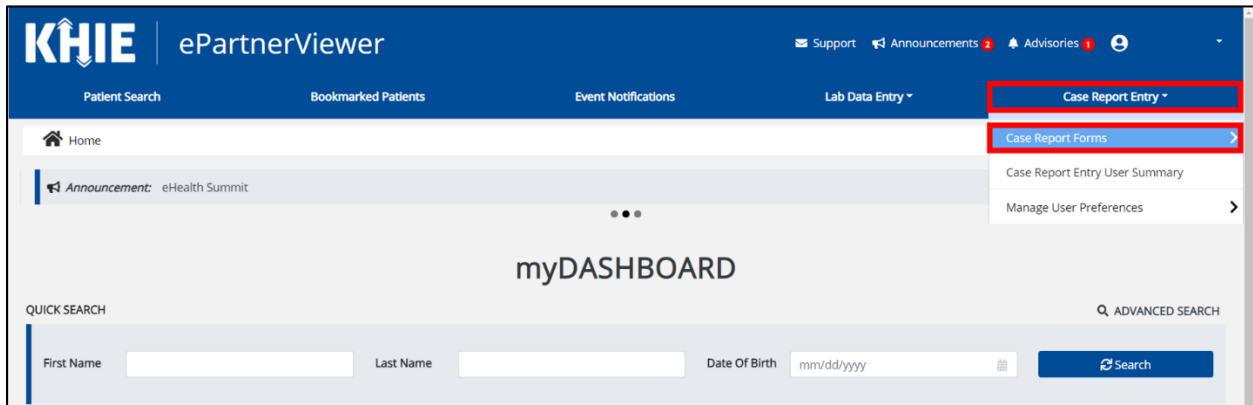
- If the date is unknown, you have the option to click the **Unknown** checkbox.

Admission Date* Unknown Unknown

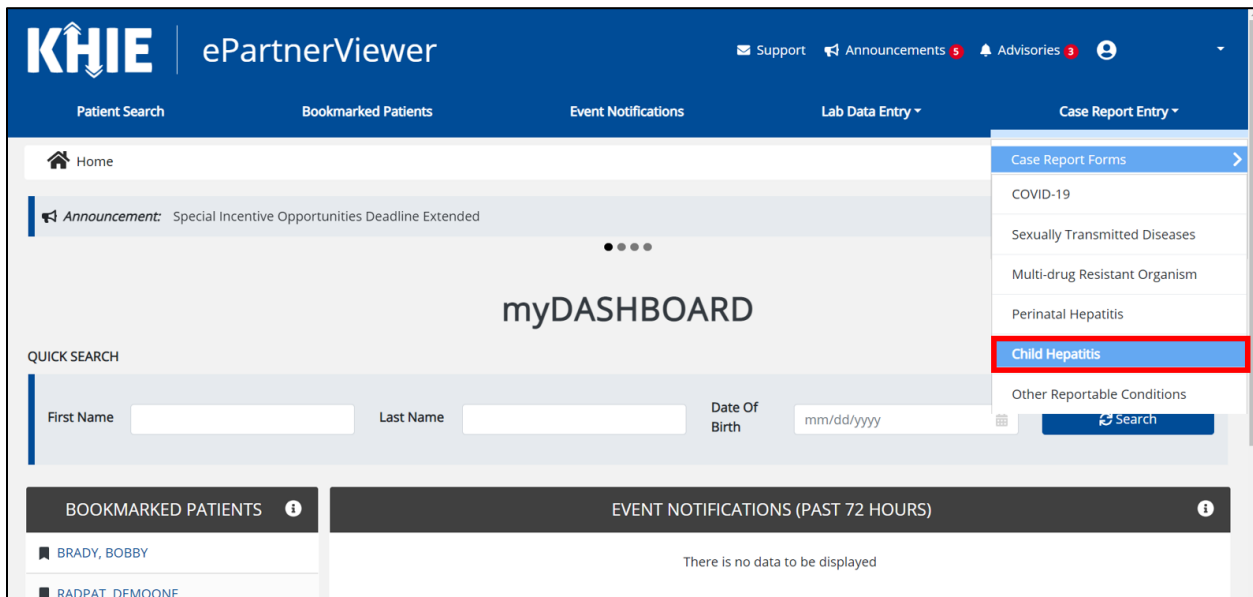
10 Child Hepatitis Case Report Form

Users with the *Manual Case Reporter* Role are authorized to access the Child Hepatitis Case Report Form in the ePartnerViewer.

1. To enter Child Hepatitis case report information, click the **Case Report Entry** Tab in the blue Navigation Bar at the top of the screen, then select **Case Report Forms** from the dropdown menu.



2. Select **Child Hepatitis** from the dropdown menu.



11 Patient Information

The Child Hepatitis Case Report Form is a seven-step process where Users enter (1) Patient Information, (2) Laboratory Information, (3) Exposure Information, (4) Hospitalization, ICU, & Death Information, (5) Vaccination History, and (6) Additional Comments. (7) **Review and Submit** is where Users must review the information entered **and** submit the Child Hepatitis Case Report.

1. To start the Child Hepatitis Case Report entry, you must complete the mandatory fields on the **Patient Information** screen.

2. Select the **Disease/Organism** from the dropdown menu.

Please Note: Based on the **Disease/Organism** selected from the dropdown menu on the **Patient Information** screen, certain subsequent screens will dynamically display information that applies to the selected disease/organism. This means certain screens will display only the symptoms and lab tests that apply to the selected disease/organism.

Once the Disease/Organism selection is saved on the **Patient Information** screen, the subsequent dynamic screens are customized to display only the information that applies to the selected Disease/Organism.

3. Enter the **Date of Diagnosis**.

- If the date of diagnosis is unknown, click the **Unknown checkbox**.

- 4. Select the **appropriate answer** for the conditional field: *Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?*

- Click **Yes** to apply the **same** Affiliation/Organization to the Patient ID (MRN), the Person Completing the Form, and the Attending Physician/Clinician.

- Click **No** to select a **different** Affiliation/Organization for the Patient ID (MRN), Person Completing Form, and the Attending Physician/Clinician.

- 5. Enter the patient's **Medical Record Number (MRN)** in the *Patient ID (MRN)* field. An MRN is an organization specific, unique identification number assigned to a patient by a healthcare organization. If your organization does not use an MRN, you **MUST** create a way to uniquely identify your patient so that the patient is registered in the KHIE system.

- 6. From the dropdown menu, select the **Affiliation/Organization** that applies to the Patient ID (MRN).

Please Note: If **Yes** is selected for the conditional field: *Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?* the same Affiliation/Organization will apply to each. The *Affiliation/Organization* field is enabled only for the Patient ID (MRN).
The **Affiliation/Organization** selected for the Patient ID (MRN) will display in the disabled *Affiliation/Organization* fields for the Person Completing Form and the Attending Physician/Clinician.

- 7. From the dropdown menu, select the name of the **Person Completing Form**.

Please Note: If the appropriate name does not display in the *Person Completing Form* dropdown, you must create details for a new Person Completing Form by clicking the **Person Completing Form hyperlink**.

Person Completing Form Hyperlink

8. To create details for a new Person Completing Form, click the **Person Completing Form hyperlink**.

9. The *Person Completing Form* Pop-Up displays. Enter the details. Mandatory fields are marked with asterisks (*).

10. If available, select the appropriate **Prefix** and **Suffix** from the dropdown menus.

11. Enter the **First Name** and **Last Name** of the Person Completing the Form.

12. Enter the **Address, City, State,** and **Zip Code**.

13. Enter the **Phone Number** and **Email Address** of the Person Completing the Form.

14. After completing the mandatory fields, click **Save**.

15. Once the new Person Completing Form details have been saved, the *Person Completing Form* dropdown menu is automatically updated and displays the new name of the Person Completing Form. From the dropdown menu, select the **new name of the Person Completing Form**.

16. If applicable, select the **Affiliation/Organization** that applies to the Person Completing the Form.

Please Note: The *Affiliation/Organization* field that applies to the Person Completing Form is only enabled if you selected **No** to the conditional question: *Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?*

- If **Other** is selected from the dropdown menu, the subsequent field is enabled. Enter the name of the **organization associated with the person completing the form** in the subsequent textbox: *If other, please specify.*

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?*

Yes No

Patient ID (MRN)*
CK08101955

Affiliation/Organization*
Test Medical Center

Person Completing Form*
Mr. Marty Craine, Sr (marty@email...)

Affiliation/Organization*
Other

Attending Physician/Clinician*
Select...

Affiliation/Organization*
Select...

If other, please specify:*

Please enter the organization of the person completing this form (if it is not listed in the Affiliation/Organization dropdown).

17. Select the **Attending Physician/Clinician** from the dropdown menu.

Person Completing Form*
Dr. John Watson (john.watson@bakerclin...)

Affiliation/Organization ?
Test Medical Center

Attending Physician/Clinician*
Dr. John Watson (john.watson@bakerclin...)

Affiliation/Organization ?
Test Medical Center

Please Note: If the appropriate name does not display in the Attending Physician/Clinician dropdown, you must create details for a new Attending Physician/Clinician by clicking the **Attending Physician/Clinician hyperlink**.

Attending Physician/Clinician Hyperlink

18. To create a new Attending Physician/Clinician, click the **Attending Physician/Clinician hyperlink**.

19. The *Attending Physician/Clinician* Pop-Up displays. Enter the details. Mandatory fields are marked with asterisks (*).

20. If available, select the appropriate **Prefix** and **Suffix** from the dropdown menus.

21. Enter the Attending Physician/Clinician's **First Name** and **Last Name**.

22. Enter the **Address, City, State,** and **Zip Code**.

23. Enter the Attending Physician/Clinician's **Phone Number** and **Email Address**.

24. After completing the mandatory fields, click **Save**.

25. Once the new Attending Physician/Clinician details have been saved, the *Attending Physician/Clinician* dropdown menu is automatically updated and displays the new Attending Physician/Clinician. Select the **new Attending Physician/Clinician** from the dropdown menu.

26. If applicable, select the **Affiliation/Organization** that applies to the physician attending the patient.

Please Note: The *Affiliation/Organization* field that applies to the Attending Physician/Clinician is enabled only when you select **No** to the conditional question: *Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?*

- If **Other** is selected from the dropdown menu, the subsequent field is enabled. You must enter the name of the **organization associated with the attending physician/clinician** in the subsequent textbox: *If other, please specify.*

Attending Physician/Clinician* Dr. Fraiser Crane (fraisercra... x v	Affiliation/Organization* ? Other x v	If other, please specify:* ? <input type="text"/>
---	---	---

Please Note: Additional information on the Affiliation/Organization section of the **Patient Information** screen is covered in *Section 6 Affiliation/Organization Conditional Question.*

27. If available for the patient, select the **Prefix** and **Suffix** from the dropdown menus.

Prefix <input type="text" value="Select..."/>	First Name* <input type="text" value="Bobby"/>	Middle Name <input type="text"/>
Suffix <input type="text" value="Select..."/>	Date of Birth* ? <input type="text" value="01/01/2018"/>	

28. Enter the patient's **First Name** and **Last Name**. If available, enter the patient's **Middle Name** and **Maiden Name**.

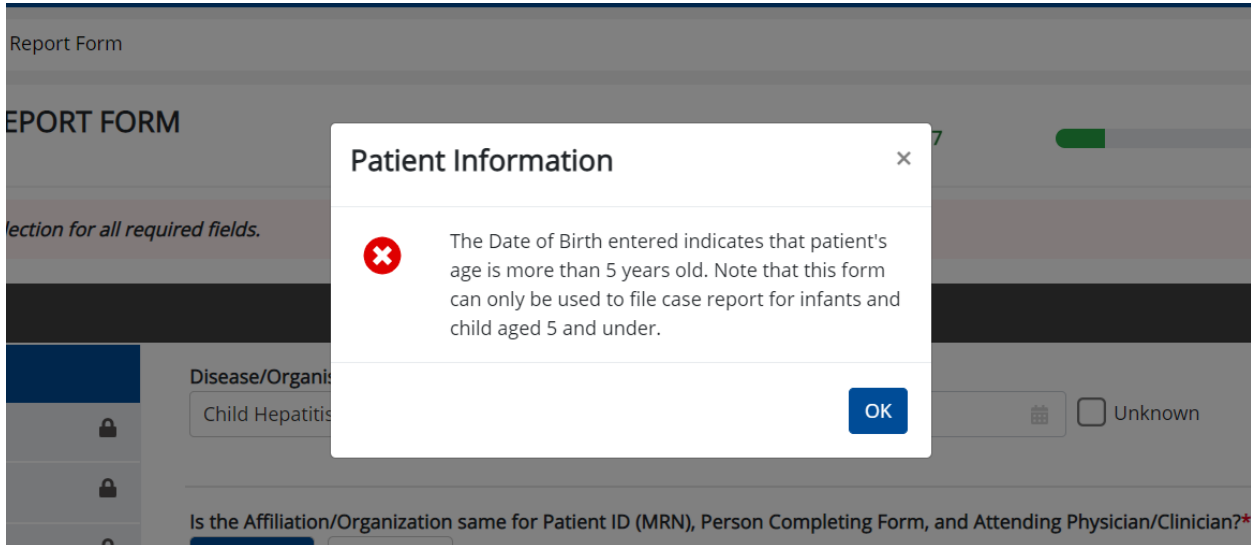
Prefix <input type="text" value="Select..."/>	First Name* <input type="text" value="Bobby"/>	Middle Name <input type="text"/>	Last Name* <input type="text" value="Brady"/>
---	--	--	---

29. Enter the patient's **Date of Birth**.

First Name* <input type="text" value="Bobby"/>	Middle Name <input type="text"/>	Last Name* <input type="text" value="Brady"/>
Suffix <input type="text" value="Jr"/>	Date of Birth* ? <input type="text" value="mm/dd/yyyy"/>	Birth Weight <input type="text" value="lbs"/> <input type="text" value="025"/>

This case report form should only be used to file case report for infants and child below 5 year of age.

Please Note: If the patient is over 5 years old, a notification pop-up will display to confirm the correct birth year has been entered or selected. You cannot proceed to the next page until updating or confirming the patient's birth year. See screenshot below.



Please Note: If the patient is either under one year old or more than 100 years old, a notification pop-up will display to confirm the correct birth year has been entered or selected. You cannot proceed to the next page until updating or confirming the patient's birth year.

30. If available, enter the patient's **Birth Weight** in pounds and ounces in the appropriate fields.

31. Select the **Patient Sex** from the dropdown menu.

32. Select the patient's **Ethnicity** and **Race** from the appropriate dropdown menus.

Patient Sex* Male	Ethnicity* Not Hispanic or Latino	Race* White
-----------------------------	---	-----------------------

Please Note: In the Child Hepatitis Case Report, Users must enter the contact information for the patient's mother or the contact information for the patient's guardian, if the patient's guardian is different than the patient's mother.

33. Enter the contact information for the patient's mother.

Mother's Current Legal Name and Address		
First Name*	Middle Name	Last Name*
Address 1*	Address 2 Unit, Suite, Building, etc.	
City*	State*	Zip Code
	Select...	
County*	Phone* ?	Email
Select...	(XXX) XXX-XXXX	name@domain.com

34. Enter the **Current Legal First Name** and **Last Name of the patient's mother**. If available, enter the **Middle Name**.

Mother's Current Legal Name and Address		
First Name*	Middle Name	Last Name*

35. Enter the mother's **Address, City, State, Zip Code, and County**.

Address 1*	Address 2 Unit, Suite, Building, etc.	
City*	State*	Zip Code
	Select...	
County*	Phone* ?	Email
Select...	(XXX) XXX-XXXX	name@domain.com

36. Enter the mother’s **Phone Number**.

37. If available, enter the mother’s **Email Address**.

38. Select the **appropriate answer** to *Does the patient have Neonatal Abstinence Syndrome?*

39. From the dropdown menu, select the **appropriate answer** to the question: *Who does the infant/child live with?*

Please Note: If the User selects **Other** in response to the conditional question *Who does the Infant/Child live with?*, then the following subsequent field is enabled. Users must enter the description of whom the infant/child is living with (i.e., Legal Guardian, etc.) in the subsequent field: *If other, please specify.*

Who does the infant/child live with?*

Other

If other, please specify:*

Legal Guardian

Please Note: If the User selects **Mother** in response to the question *Who does the Infant/Child live with?*, then the subsequent contact information fields for the person the child is living with are automatically populated with the patient’s mother’s contact information. This means the patient’s mother’s contact information previously entered in the *Mother’s Current Legal Name and Address* section is automatically populated in the *Please enter the contact info of person the child is living with* section.

Who does the infant/child live with?*

Mother

If other, please specify:

Please enter contact info of person the child is living with:

First Name	Middle Name	Last Name
Carol	Anne	Brady
Address 1	Address 2	
123 Main Street	Apt. 1	
City	State	Zip Code
Lexington	KY	40511-
County	Phone	Email
Fayette	(555) 123-1234	carol@email.com

Please Note: If the User selects **any option** other than **Mother** in response to *Who does the infant/child live?*, then the subsequent section is enabled. The User must complete the fields in the subsequent section: *Please enter the contact info of person the child is living with.*

Who does the infant/child live with?*

Father x | v

If other, please specify:

Please enter contact info of person the child is living with:

First Name* Middle Name Last Name*

Address 1* Address 2
Unit, Suite, Building, etc.

City* State* Zip Code
Select... | v

County* Phone* ? Email
Select... (XXX) XXX-XXXX name@domain.com

40. When the **Patient Information** screen has been completed, click **Save** to save your progress or click **Next** to proceed to the **Laboratory Information** screen.

Who does the infant/child live with?*

Mother x | v

If other, please specify:

Please enter contact info of person the child is living with:

First Name Middle Name Last Name
Carol Anne Brady

Address 1 Address 2
123 Main Street Apt. 1

City State Zip Code
Lexington KY 40511-

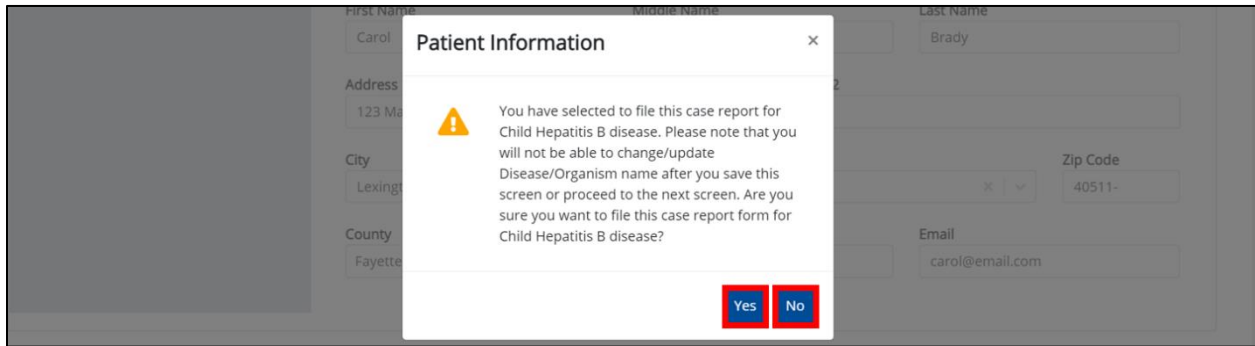
County Phone ? Email
Fayette (555) 123-1234 carol@email.com

Save Next

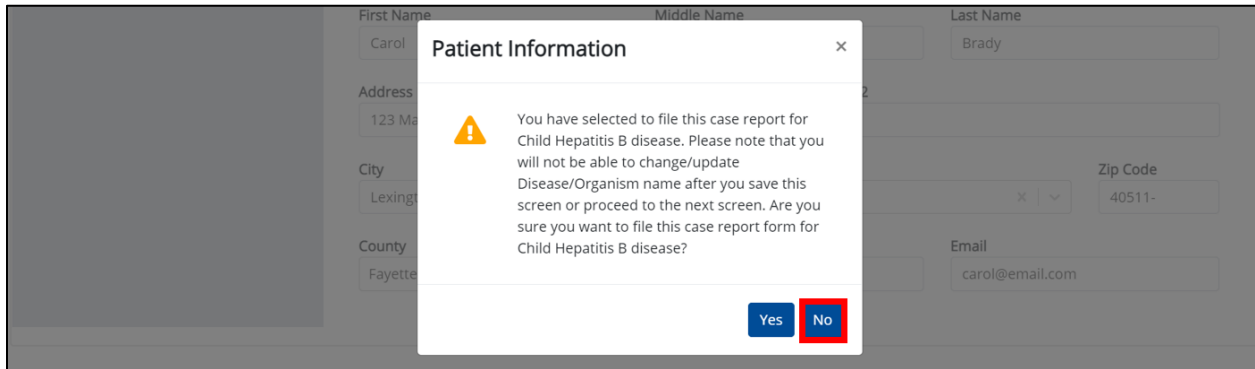
Please Note: Once you select a Disease/Organism from the dropdown menu and click **Save** or **Next** on the **Patient Information** screen, a pop-up displays with a message that states:

You have selected to file this case report for [selected disease]. Please note that you will not be able to change/update Disease/Organism name after you save this screen or proceed to the next screen. Are you sure you want to file this case report form for [selected disease]?

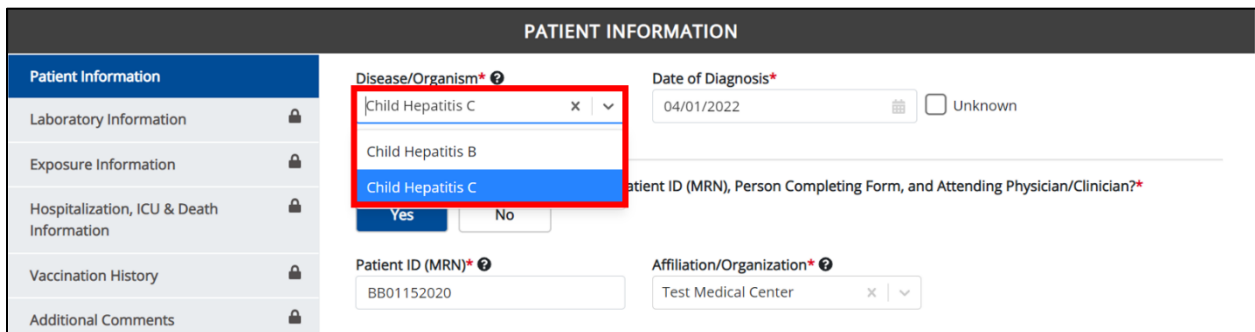
To save the selected Disease/Organism and proceed to the **Laboratory Information** page, click **Yes**. To change the selected Disease/Organism, click **No**.



41. To change the selected Disease/Organism, click **No** on the Disease/Organism Pop-Up.



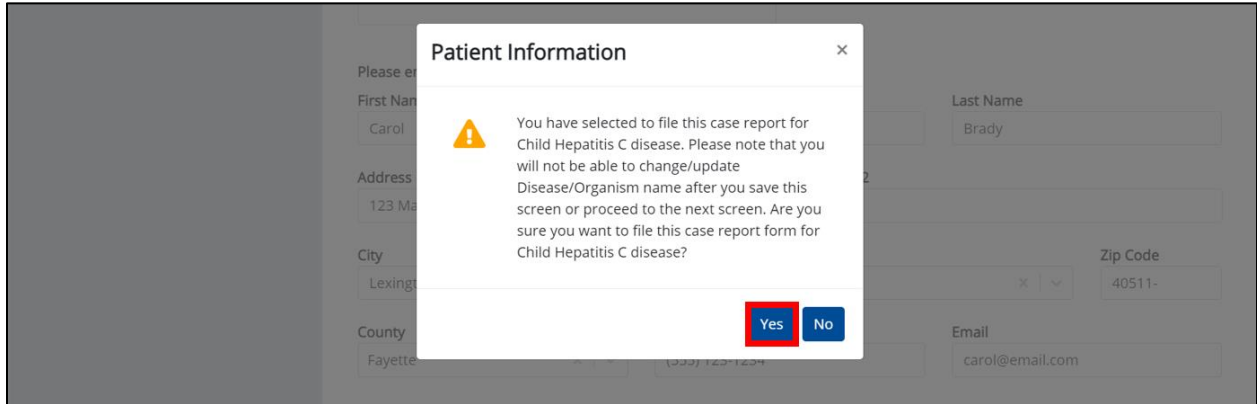
42. If changing the selection, select a different **Disease/Organism** from the dropdown menu.



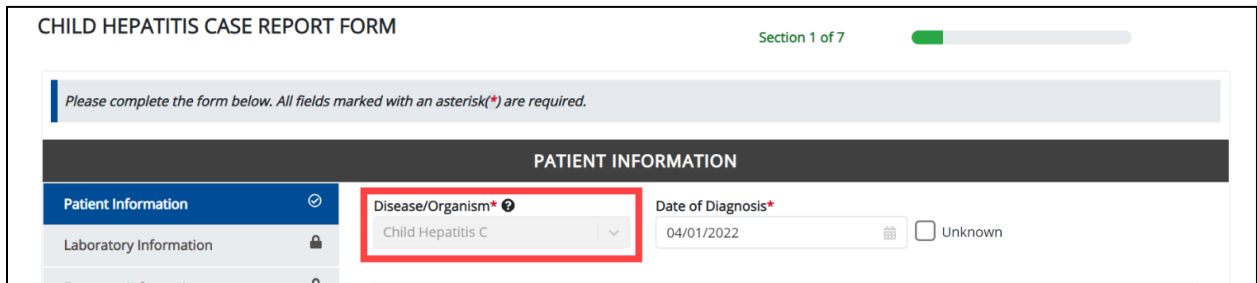
43. Once the Disease/Organism selection is complete, click **Save** to save the change or click **Next** at the bottom of the screen.



44. The Disease/Organism Pop-Up displays to confirm the change in Disease/Organism selection. To save the selected Disease/Organism, click **Yes**.

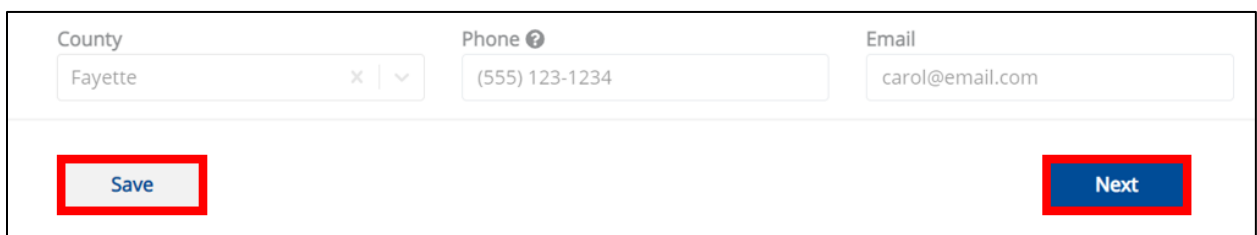


45. Upon clicking **Yes** to save the selection, the *Disease/Organism* field is disabled and displays the selected Disease/Organism. You can no longer change the selected Disease/Organism.



Please Note: Once the Disease/Organism selection is saved on the **Patient Information** screen, the subsequent dynamic screens are customized to display only the information that applies to the selected Disease/Organism.

46. Click **Next** to proceed to the **Laboratory Information** screen.



12 Laboratory Information

1. On the **Laboratory Information** screen, select the **appropriate answer** for the conditional question at the top: *Does the patient have a lab test?*

CHILD HEPATITIS CASE REPORT FORM Section 2 of 7

Please provide laboratory information related to this case.

LABORATORY INFORMATION

- Patient Information ✓
- Laboratory Information**
- Exposure Information 🔒
- Hospitalization, ICU & Death Information 🔒
- Vaccination History 🔒
- Additional Comments 🔒
- Review & Submit 🔒

Does the patient have a lab test?*

If yes, at least one Hepatitis Marker test is required. If you choose to enter additional test results such as ALT, AST, or Bilirubin, please ensure you complete all fields for that test.

Hepatitis Marker

If other, please specify:

Results

If applicable, please enter the viral load: 🔒

Test Result Date Unknown Specimen Collection Date Unknown

Laboratory Name:

+ Add Hepatitis Marker

ALT
+ Add ALT

AST
+ Add AST

Bilirubin
+ Add Bilirubin

⬆

Please Note: If **Yes** is selected for the conditional question at the top of the **Laboratory Information** screen, the subsequent lab-related fields on the screen are enabled. You must enter details for a lab test.

Please Note: If *No* or *Unknown* is selected, all the subsequent fields on the screen are disabled.

- 2. Select the appropriate **Hepatitis Marker** from the dropdown menu.

Please Note: The *Hepatitis Marker* dropdown menu displays only the hepatitis marker options that apply to the Disease/Organism selected on the **Patient Information** screen.

- If **Other** is selected from the dropdown menu, the subsequent field is enabled. Enter the **name of the hepatitis marker** in the subsequent textbox: *If other, please specify.*

3. Select the appropriate **Test Result** from the *Results* dropdown menu.

- If **Pending** is selected from the *Results* dropdown menu, the subsequent field is disabled: *Test Result Date.*

4. If applicable, enter the **viral load** in the textbox: *If applicable, please enter the viral load.*

- 5. If applicable, enter the **Test Result Date**.
- 6. Enter the **Specimen Collection Date**.

Test Result Date* mm/dd/yyyy <input type="calendar"/> <input type="checkbox"/> Unknown	Specimen Collection Date* mm/dd/yyyy <input type="calendar"/> <input type="checkbox"/> Unknown
--	--

Please Note: The Specimen Collection Date cannot occur **after** the Test Result Date. The Specimen Collection Date must occur on the **same date** or any date **BEFORE** the Test Result Date. If you enter a Specimen Collection Date that occurs **after** the Test Result Date, both fields are marked as invalid.

If you click **Next**, the **Laboratory Information** screen displays an error banner with a message that states: *There are errors. Please make a selection for all required fields.*

To proceed, you must enter a valid Specimen Collection Date that occurs **on** or **before** the Test Result Date.

Test Result Date* 07/23/2021 <input type="calendar"/> <input type="checkbox"/> Unknown <i>Invalid Test Result Date</i>	Specimen Collection Date* 07/26/2021 <input type="calendar"/> <input type="checkbox"/> Unknown <i>Invalid Specimen Collection Date</i>
---	---

- 7. Enter the **Laboratory Name** in the textbox.

Laboratory Name:*

Adding Multiple Hepatitis Markers

- 8. You can click **Add Hepatitis Marker** to log the details for multiple hepatitis markers. This means that you can easily enter additional hepatitis markers on the same patient.

Laboratory Name:*

+ Add Hepatitis Marker

ALT

+ Add ALT

- To delete an additional hepatitis marker, click the **Trash Bin Icon** located at the top right.

The screenshot shows a form for adding a hepatitis marker. At the top right, there is a red square icon representing a trash bin, which is highlighted with a red box. The form includes fields for Laboratory Name, Hepatitis Marker (a dropdown menu), Results (a dropdown menu), and a field for viral load. There are also date pickers for Test Result Date and Specimen Collection Date, each with an 'Unknown' checkbox. At the bottom left, there is a '+ Add Hepatitis Marker' button.


Adding ALT

- You can click **Add ALT** to log the details for an ALT.

The screenshot shows the 'Add Hepatitis Marker' form. The 'Add ALT' button is highlighted with a red box. Below it are sections for 'AST' and 'Bilirubin', each with an 'Add' button. At the bottom of the form, there are 'Save', 'Previous', 'Next', and a scroll-up arrow button.

- To delete an ALT, click the **Trash Bin Icon** located at the top right.

ALT



Results:* Units/Liter

Reference:* Units/Liter

Test Result Date* Unknown Specimen Collection Date* Unknown

Laboratory Name:*

Adding AST

- You can click **Add AST** to log the details for an AST.




AST



- To delete an AST, click the **Trash Bin Icon** located at the top right.

AST



Results:* Units/Liter

Reference:* Units/Liter

Test Result Date* Unknown Specimen Collection Date* Unknown

Laboratory Name:*

Adding Bilirubin

11. You can also click **Add Bilirubin** to log the details for Bilirubin.

The screenshot shows a form titled "Add AST" with a search bar containing "Bilirubin". Below the search bar, the "Add Bilirubin" button is highlighted with a red rectangular box.

- To delete the Bilirubin details, click the **Trash Bin Icon** located at the top right.

The screenshot shows the "Bilirubin" details form. At the top right, a red trash bin icon is highlighted with a red square. The form includes fields for "Results:*" (mg/dL), "Reference:*" (mg/dL), "Test Result Date*" (with a calendar icon and "Unknown" checkbox), "Specimen Collection Date*" (with a calendar icon and "Unknown" checkbox), and "Laboratory Name:*". At the bottom, there are "Save", "Previous", "Next", and a back arrow button.

12. Once the **Laboratory Information** screen is complete, click **Next** to proceed to the **Exposure Information** screen.

The screenshot shows the "Add Bilirubin" form at the bottom. The "Next" button is highlighted with a red rectangular box.

13 Exposure Information

1. On the **Exposure Information** screen, select the **appropriate answer** for the conditional question at the top: *Did the patient have any of the following exposures in the past 6 months?*

CHILD HEPATITIS CASE REPORT FORM Section 3 of 7

Please select the information that the patient was exposed to prior to illness.

EXPOSURE INFORMATION

- Patient Information
- Laboratory Information
- Exposure Information**
- Hospitalization, ICU & Death Information
- Vaccination History
- Additional Comments
- Review & Submit

Did the patient have any of the following exposures in the past 6 months?*

Mother Hepatitis B Virus positive

Mother Hepatitis C Virus positive

HBV Contact Exposure

HCV Contact Exposure

Foreign Born

If yes, please specify country:

Is this part of an outbreak?*

If yes, please specify the name of the outbreak:

2. If **Yes** is selected for the conditional question, the subsequent fields on the screen are enabled.

CHILD HEPATITIS CASE REPORT FORM Section 3 of 7

Please select the information that the patient was exposed to prior to illness.

EXPOSURE INFORMATION

- Patient Information
- Laboratory Information
- Exposure Information**
- Hospitalization, ICU & Death Information
- Vaccination History
- Additional Comments
- Review & Submit

Did the patient have any of the following exposures in the past 6 months?*

Mother Hepatitis B Virus positive*

Mother Hepatitis C Virus positive*

HBV Contact Exposure*

HCV Contact Exposure*

Foreign Born*

If yes, please specify country:

Is this part of an outbreak?*

Please Note: If **No** is selected for the conditional question, the subsequent fields are disabled and marked with **No**.

If **Unknown** is selected for the conditional question, the subsequent fields are disabled and marked as **Unknown**.

Outbreak-related questions are not impacted by the selected answer for the conditional question: *Did the patient have any of the following exposures in the past 6 months?*

- 3. If applicable, select the **appropriate answer** to the field: *Mother Hepatitis B Virus positive*.
- 4. If applicable, select the **appropriate answer** to the field: *Mother Hepatitis C Virus positive*.
- 5. If applicable, select the **appropriate answer** to the field: *HBV Contact Exposure*.
- 6. If applicable, select the **appropriate answer** to the field: *HCV Contact Exposure*.

Did the patient have any of the following exposures in the past 6 months?*

Yes No Unknown

Mother Hepatitis B Virus positive*
 Yes No Unknown

Mother Hepatitis C Virus positive*
 Yes No Unknown

HBV Contact Exposure*
 Yes No Unknown

HCV Contact Exposure*
 Yes No Unknown

Foreign Born*
 Yes No Unknown

- 7. If applicable, select the **appropriate answer** for the conditional question: *Foreign Born*.

Foreign Born*
 Yes No Unknown

If yes, please specify country:

Is this part of an outbreak?*
 Yes No Unknown

- If **Yes** is selected for the *Foreign Born* field, the subsequent field is enabled. Select the **name of the country** from the subsequent dropdown menu: *If yes, please specify country.*

8. Select the **appropriate answer** for the field: *Is this part of an outbreak?*

- If **Yes** is selected for the *Is this part of an outbreak?* field, the subsequent field is enabled. Enter the **name of the outbreak** in the subsequent textbox: *If yes, please specify the name of the outbreak.*

10. Once complete, click **Next** to proceed to the **Hospitalization, ICU, and Death Information** screen.

14 Hospitalization, ICU & Death Information

1. On the **Hospitalization, ICU & Death Information** screen, select the **appropriate answer** for the conditional question at the top: *Was the patient hospitalized?*

CHILD HEPATITIS CASE REPORT FORM Section 4 of 7

Please select any applicable hospitalization, ICU and death information related to this case.

HOSPITALIZATION, ICU & DEATH INFORMATION

- Patient Information
- Laboratory Information
- Exposure Information
- Hospitalization, ICU & Death Information**
- Vaccination History
- Additional Comments
- Review & Submit

Was the patient hospitalized?*

If yes, please specify the hospital name:

Admission Date: Unknown | Discharge Date: Unknown

Still hospitalized

Was the patient admitted to an intensive care unit (ICU)?

Admission Date to ICU: Unknown | Discharge Date from ICU: Unknown

Did the patient die as a result of this illness?*

If yes, please provide the date of death:
Date of Death:

2. If **Yes** is selected for the conditional question, the subsequent hospitalization-related fields and ICU-related fields on the screen are enabled.

CHILD HEPATITIS CASE REPORT FORM Section 4 of 7

Please select any applicable hospitalization, ICU and death information related to this case.

HOSPITALIZATION, ICU & DEATH INFORMATION

- Patient Information
- Laboratory Information
- Exposure Information
- Hospitalization, ICU & Death Information**
- Vaccination History
- Additional Comments
- Review & Submit

Was the patient hospitalized?*

If yes, please specify the hospital name:

Admission Date*: Unknown | Discharge Date*: Unknown

Still hospitalized

Was the patient admitted to an intensive care unit (ICU)?*

Admission Date to ICU: Unknown | Discharge Date from ICU: Unknown

Was the patient admitted to an intensive care unit (ICU)?*

Admission Date to ICU: Unknown | Discharge Date from ICU: Unknown

Please Note: If **No** or **Unknown** is selected for the conditional question, all subsequent hospitalization-related fields and ICU-related fields are disabled.

Death-related questions are not impacted by the selected answer for the conditional question: *Was the patient hospitalized?*

3. If the patient has been hospitalized, enter the **name of the hospital where the patient is/was hospitalized** in the textbox: *If yes, please specify the hospital name.*

4. Enter the patient’s hospitalization **Admission Date**. If the Admission Date is unknown, click the **Unknown** checkbox.

5. Enter the patient’s hospitalization **Discharge Date**.

- If the patient is still hospitalized, click the **Still Hospitalized** checkbox.

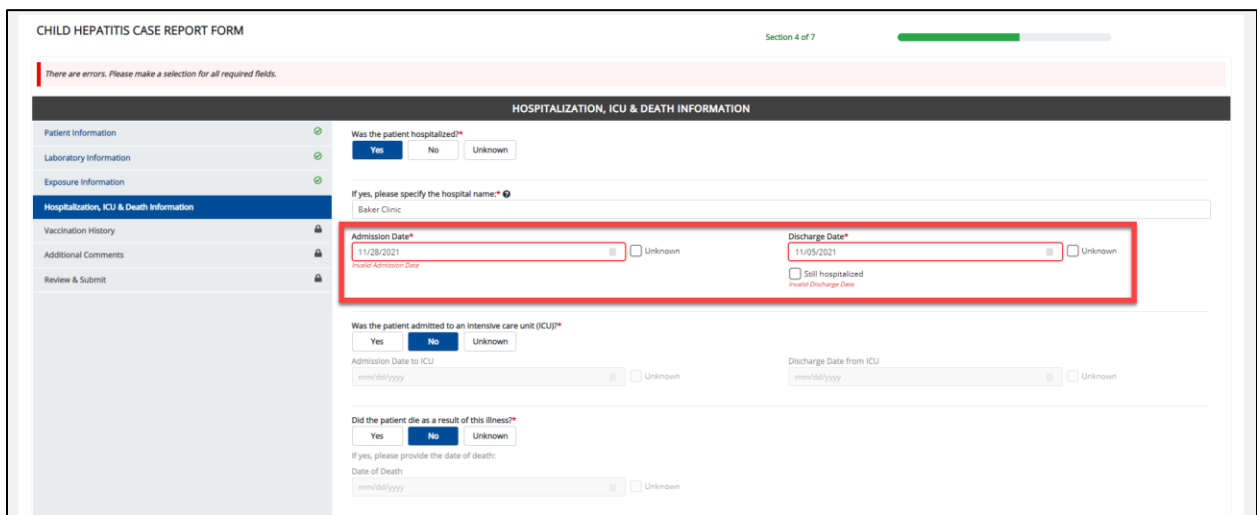
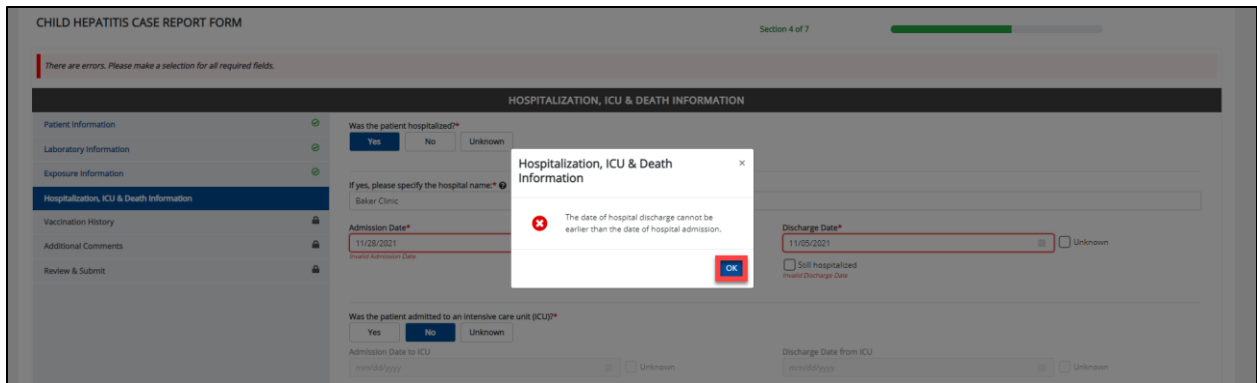
- If the **Still Hospitalized** checkbox is selected, the subsequent death-related field is disabled: *Did the patient die as a result of this illness?*

Please Note: The Admission Date **cannot** occur **after** the Discharge Date. The Admission Date must occur on the **same date** or any date **BEFORE** the Discharge Date.

If you enter an Admission Date that occurs after the Discharge Date and click **Next**, both fields are marked as invalid, and the screen is grayed out and displays a pop-up message that states:

The date of hospital discharge cannot be earlier than the date of hospital admission.

To proceed, you must click **OK** and enter a valid Discharge Date that occurs **on** or **after** the Admission Date.



6. Select the **appropriate answer** for the field: *Was the patient admitted to an intensive care unit (ICU)?*

Was the patient admitted to an intensive care unit (ICU)?*

Yes No Unknown

Admission Date to ICU mm/dd/yyyy Unknown

Discharge Date from ICU mm/dd/yyyy Unknown

- If **Yes** is selected, the subsequent *Admission Date to ICU* and *Discharge Date from ICU* fields are enabled. Enter the dates for the **Admission Date to ICU** and the **Discharge Date from ICU**.

Was the patient admitted to an intensive care unit (ICU)?*

Yes No Unknown

Admission Date to ICU* mm/dd/yyyy Unknown

Discharge Date from ICU* mm/dd/yyyy Unknown

7. If applicable, select the **appropriate answer** for the field: *Did the patient die as a result of this illness?*

Did the patient die as a result of this illness?*

Yes No Unknown

If yes, please provide the date of death:

Date of Death mm/dd/yyyy Unknown

- If **Yes** is selected, the subsequent *Date of Death* field is enabled. Enter the patient's **Date of Death**.

Did the patient die as a result of this illness?*

Yes No Unknown

If yes, please provide the date of death:

Date of Death* mm/dd/yyyy Unknown

8. Once complete, click **Next** to proceed to the **Vaccination History** screen.

HOSPITALIZATION, ICU & DEATH INFORMATION

Patient Information ✔	Was the patient hospitalized?*		
Laboratory Information ✔	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>		
Exposure Information ✔	If yes, please specify the hospital name:*		
Hospitalization, ICU & Death Information ✔	<input type="text" value="Test Hospital"/>		
Vaccination History ✔	Admission Date*	<input type="checkbox"/> Unknown	Discharge Date*
Additional Comments ✔	<input type="text" value="01/03/2022"/>		<input type="text" value="01/10/2022"/>
Review & Submit	<input type="checkbox"/> Still hospitalized		
	Was the patient admitted to an intensive care unit (ICU)?*		
	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>		
	Admission Date to ICU*	<input type="checkbox"/> Unknown	Discharge Date from ICU*
	<input type="text" value="01/08/2022"/>		<input type="text" value="01/10/2022"/>
	Did the patient die as a result of this illness?*		
	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>		
	If yes, please provide the date of death:		
	Date of Death		
	<input type="text" value="mm/dd/yyyy"/>		
	<input type="checkbox"/> Unknown		
<input type="button" value="Save"/> <input type="button" value="Previous"/> <input type="button" value="Next"/>			

15 Vaccination History

The **Vaccination History** screen is dynamic and displays fields depending on the Disease/Organism selected on the **Patient Information** screen of the Child Hepatitis Case Report. The **Vaccination History** screen collects details only when **Child Hepatitis B** is selected as the Disease/Organism.

Vaccination History for Child Hepatitis B

When **Child Hepatitis B** is selected as the Disease/Organism, the **Vaccination History** screen collects vaccine details for the patient.

1. Select the **appropriate answer** to the conditional question at the top: *Has the patient ever received a Hepatitis B vaccine?*

CHILD HEPATITIS CASE REPORT FORM

Section 5 of 7

Please provide the vaccination history of the patient related to this case.

VACCINATION HISTORY

- Patient Information ✓
- Laboratory Information ✓
- Exposure Information ✓
- Hospitalization, ICU & Death Information ✓
- Vaccination History**
- Additional Comments 🔒
- Review & Submit 🔒

Has the patient ever received a Hepatitis B vaccine?*

Vaccine Details

If yes, please provide vaccine name: ⓘ

Select... | v

If other, please specify: ⓘ

If yes, please enter the number of doses: ⓘ

Select... | v

If yes, please specify the date administered: ⓘ

Date Administered (1st dose)

mm/dd/yyyy | Unknown

Date Administered (2nd dose)

mm/dd/yyyy | Unknown

Date Administered (3rd dose)

mm/dd/yyyy | Unknown

Date Administered (4th dose)

mm/dd/yyyy | Unknown

+ Add Vaccine

For Infants born to mothers with HBV, was HBIG given?*

If yes, please specify the date administered: ⓘ

Date Administered

mm/dd/yyyy | Unknown

- If **Yes** is selected for the conditional question, the subsequent fields on the screen are enabled.

Please Note: If **No**, **Unknown**, or **Refused** is selected for the conditional question, all subsequent fields are disabled.

2. Select the **appropriate vaccine** from the dropdown menu: *If yes, please provide vaccine name.*

- If **Other** is selected, the subsequent field is enabled. Enter the **name of the vaccine** in the textbox:
If other, please specify.

- From the dropdown menu: *If yes, please enter the number of doses*, select the **number of doses that the patient received for the selected vaccine**.

If yes, please provide vaccine name:* ?

hepatitis B vaccine, adolescent/high risk infant dosage

If other, please specify: ?

Please select the number of doses that the patient received for the selected vaccine.

If yes, please enter the number of doses:* ?

Select...

1

2

3

4

- If **1** is selected as the number of doses, the *Date Administered (1st dose)* field is enabled. Enter the **Date Administered (1st Dose)**.

If yes, please enter the number of doses:* ?

1

If yes, please specify the date administered: ?

Date Administered (1st dose)*

mm/dd/yyyy Unknown

Date Administered (2nd dose)

mm/dd/yyyy Unknown

Date Administered (3rd dose)

mm/dd/yyyy Unknown

Date Administered (4th dose)

mm/dd/yyyy Unknown

- If **2** is selected as the number of doses, both of the subsequent fields are enabled: *Date Administered (1st dose)* and *Date Administered (2nd dose)*. Enter the **Date Administered (1st dose)** and **Date Administered (2nd dose)** in the appropriate fields.

If yes, please enter the number of doses:* ?

2

If yes, please specify the date administered: ?

Date Administered (1st dose)*

mm/dd/yyyy Unknown

Date Administered (2nd dose)*

mm/dd/yyyy Unknown

Date Administered (3rd dose)

mm/dd/yyyy Unknown

Date Administered (4th dose)

mm/dd/yyyy Unknown

- If **3** is selected as the number of doses, the following subsequent fields are enabled: *Date Administered (1st dose)*, *Date Administered (2nd dose)*, and *Date Administered (3^d dose)*. Enter the **Date Administered (1st dose)**, **Date Administered (2nd dose)**, and **Date Administered (3rd dose)** in the appropriate fields.

If yes, please enter the number of doses:* ?

3

If yes, please specify the date administered: ?

Date Administered (1st dose)*
mm/dd/yyyy Unknown

Date Administered (2nd dose)*
mm/dd/yyyy Unknown

Date Administered (3rd dose)*
mm/dd/yyyy Unknown

Date Administered (4th dose)
mm/dd/yyyy Unknown

+ Add Vaccine

- If **4** is selected as the number of doses, the following subsequent fields are enabled: *Date Administered (1st dose)*, *Date Administered (2nd dose)*, *Date Administered (3^d dose)*, and *Date Administered (4th dose)*. Enter the **Date Administered (1st dose)**, **Date Administered (2nd dose)**, **Date Administered (3rd dose)**, and **Date Administered (4th dose)** in the appropriate fields.

If yes, please enter the number of doses:* ?

4

If yes, please specify the date administered: ?

Date Administered (1st dose)*
mm/dd/yyyy Unknown

Date Administered (2nd dose)*
mm/dd/yyyy Unknown

Date Administered (3rd dose)*
mm/dd/yyyy Unknown

Date Administered (4th dose)*
mm/dd/yyyy Unknown


+ Add Vaccine


Adding Multiple Vaccines


- You can also click **Add Vaccine** to log the details for multiple vaccines.


Date Administered (3rd dose)* 06/15/2021 <input type="checkbox"/> Unknown	Date Administered (4th dose)* 12/20/2021 <input type="checkbox"/> Unknown
+ Add Vaccine	
For Infants born to mothers with HBV, was HBIG given?*	


- To delete an additional vaccine, click the **Trash Bin Icon** located at the top right.

Vaccine Details 

If yes, please provide vaccine name:* 
Select...

If other, please specify: 

If yes, please enter the number of doses:* 
Select...

If yes, please specify the date administered: 

Date Administered (1st dose) mm/dd/yyyy <input type="checkbox"/> Unknown	Date Administered (2nd dose) mm/dd/yyyy <input type="checkbox"/> Unknown
Date Administered (3rd dose) mm/dd/yyyy <input type="checkbox"/> Unknown	Date Administered (4th dose) mm/dd/yyyy <input type="checkbox"/> Unknown

+ Add Vaccine

Save Previous **Next**

- Select the **appropriate answer** for the conditional question: *For infants born to mothers with HBV, was HBIG given?*

+ Add Vaccine

For Infants born to mothers with HBV, was HBIG given?*

If yes, please specify the date administered: 

Date Administered
mm/dd/yyyy Unknown

- If **Yes** is selected for the conditional question, the subsequent field is enabled: *If yes, please specify the date administered.* Enter the **Date Administered**.

For Infants born to mothers with HBV, was HBIG given?*

If yes, please specify the date administered: ?

Date Administered

Unknown

4. Once complete, click **Next** to proceed to the **Additional Comments** screen.

CHILD HEPATITIS CASE REPORT FORM Section 5 of 7

Please provide the vaccination history of the patient related to this case.

VACCINATION HISTORY

- Patient Information
- Laboratory Information
- Exposure Information
- Hospitalization, ICU & Death Information
- Vaccination History**
- Additional Comments
- Review & Submit

Has the patient ever received a Hepatitis B vaccine?*

Vaccine Details

If yes, please provide vaccine name:*

hepatitis B vaccine, adolescent/high risk infant dosage

If other, please specify: ?

If yes, please enter the number of doses:*

4

If yes, please specify the date administered: ?

Date Administered (1st dose)*	<input type="text" value="06/01/2020"/> <input type="checkbox"/> Unknown	Date Administered (2nd dose)*	<input type="text" value="12/10/2020"/> <input type="checkbox"/> Unknown
Date Administered (3rd dose)*	<input type="text" value="06/15/2021"/> <input type="checkbox"/> Unknown	Date Administered (4th dose)*	<input type="text" value="12/20/2021"/> <input type="checkbox"/> Unknown

+ Add Vaccine

For Infants born to mothers with HBV, was HBIG given?*

If yes, please specify the date administered: ?

Date Administered

Unknown

Vaccination History for Child Hepatitis C

The **Vaccination History** screen is disabled and does **not** collect information when **Child Hepatitis C** is selected as the Disease/Organism.

1. If **Child Hepatitis C** is selected as the Disease/Organism, the **Vaccination History** screen displays message that states: *No information is required to be provided on this screen. Please click the "Next" button to proceed.*
2. To proceed to the **Additional Comments** screen, click **Next**.

16 Additional Comments

1. On the **Additional Comments** screen, if applicable, enter **additional notes about the patient**.
2. Once complete, click **Next** to proceed to the **Review & Submit** screen.

17 Review and Submit

The **Review and Submit** screen displays a summary of the information you have entered. Prior to submitting the case report, review the information on this screen to verify its accuracy. You must click **Submit** to submit the case report form.

Print or Download Functionality

1. Click **Print** to print the case report.

CHILD HEPATITIS CASE REPORT FORM Section 7 of 7

Please review your information before submitting.

REVIEW & SUBMIT

Patient Information	✓	Print Download
Laboratory Information	✓	
Exposure Information	✓	
Hospitalization, ICU & Death Information	✓	
Vaccination History	✓	
Additional Comments	✓	
Review & Submit		

Patient Information

Disease/Organism Child Hepatitis B	Date of Diagnosis Unknown
Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician? Yes	
Patient ID (MRN) HEPB20220510	Affiliation/Organization Test Medical Center
Person Completing Form Mr. Arthur Vandelay, II (arthur@email.com)	Affiliation/Organization Test Medical Center
Attending Physician/Clinician	Affiliation/Organization

- Upon clicking **Print**, a *Print Preview* will display. Click **Print** to print the case report.

HEPATITIS

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Patient Information

Disease/Organism
Perinatal Hepatitis C

Date of Diagnosis
09/01/2021

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?
No

Patient ID (MRN)
BR10291942

Affiliation/Organization
Test Medical Center

Person Completing Form
Mr. Marty Crane, Sr (marty@email.com)

Affiliation/Organization
Other

If other, please specify:
Test Hospital

Attending Physician/Clinician
Dr. Fraser Crane (frasercrane@gmail.com)

Affiliation/Organization
Test Medical Center

First Name Bob	Last Name Ross
Suffix Sr	
Date of Birth 10/29/1942	Ethnicity Not Hispanic or Latino
Race Unknown	
Address 1 123 Painting Lane	State KY
City Frankfort	Zip Code 40601
County Franklin	Phone (555) 555-5555
Email bob@email.com	

Is the patient currently pregnant?
No

Is the patient postpartum?
No

Destination: SecurePrintUS

Pages: All

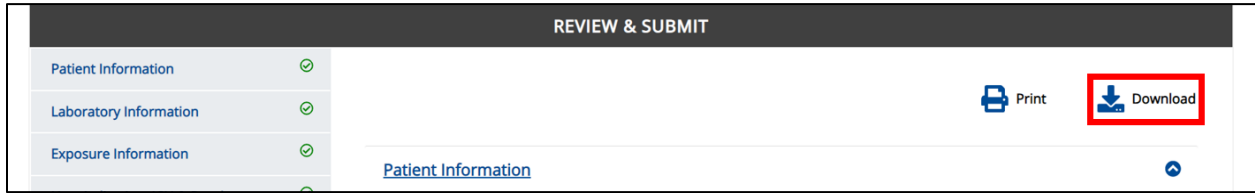
Copies: 1

Color: Color

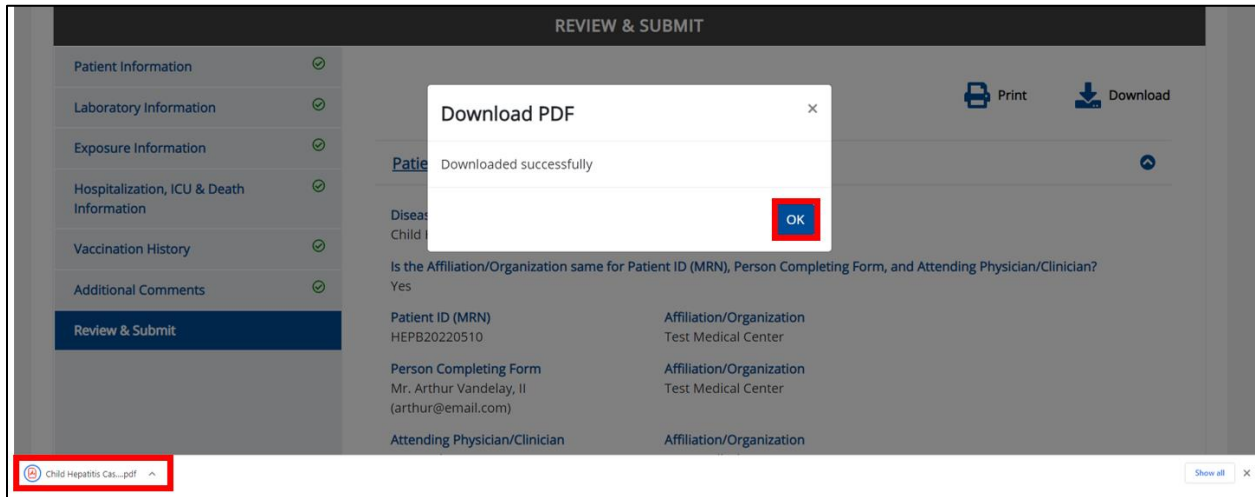
More settings

Print **Download**

2. Click **Download** to download a PDF version of the case report.

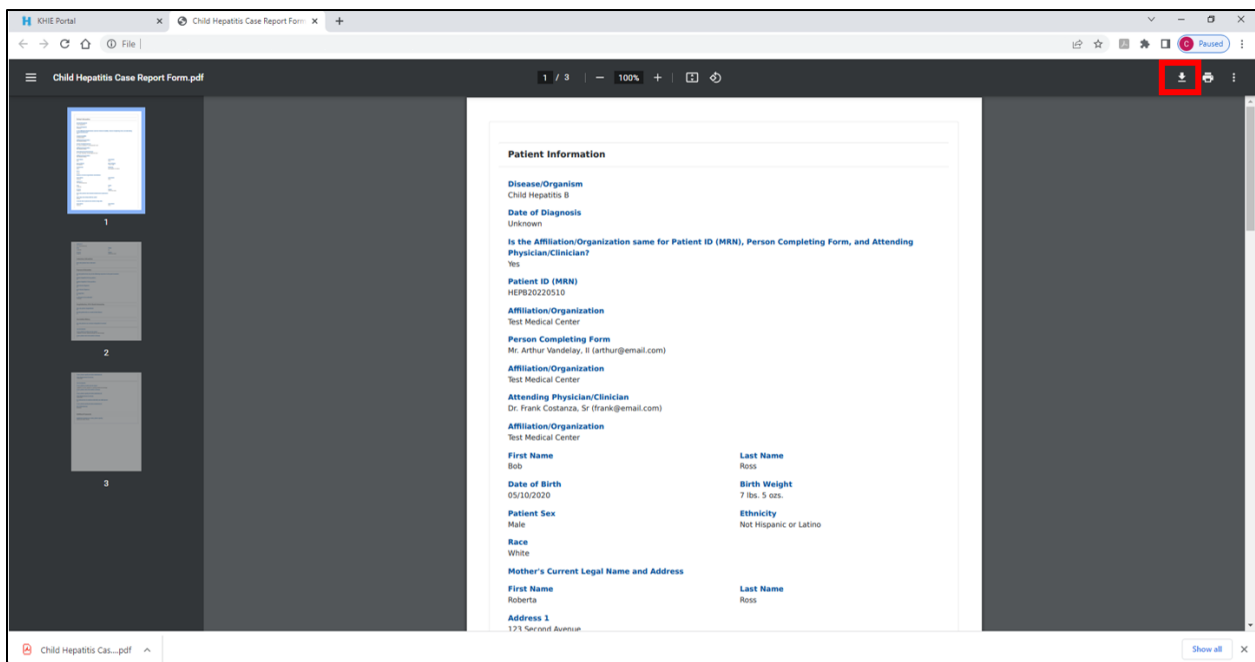


- Once the download is complete, a pop-up will display. Click **OK** to close out of the pop-up.
- To view the downloaded case report, click the **PDF** icon at the bottom left.





- A PDF of the case report will display in a separate tab. Click the **Download Icon** at the top right to download a PDF version of the case report to your computer.

3. Review the information.




- Click the **caret icon** on any section header to hide or display the details for that section.

Applicable Symptoms	✓	<p><u>Patient Information</u> </p> <hr/> <p>Disease/Organism: Perinatal Hepatitis C Date of Diagnosis: 09/01/2021</p> <p>Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician? No</p> <p>Patient ID (MRN): BR10291942 Affiliation/Organization: Test Medical Center</p> <p>Person Completing Form: Mr. Marty Craine, Sr (marty@email.com) Affiliation/Organization: Other If other, please specify: Test Hospital</p> <p>Attending Physician/Clinician: Dr. Fraiser Crane (fraisercrane@email.com) Affiliation/Organization: Test Medical Center</p>
Medical Conditions	✓	
Exposure Information	✓	
Hospitalization, ICU & Death Information	✓	
Vaccination History	✓	
Additional Comments	✓	
Review & Submit		

Applicable Symptoms	✓	<p><u>Patient Information</u> </p> <hr/> <p><u>Laboratory Information</u> </p> <hr/> <p>Does the patient have a lab test? Yes</p> <hr/> <p>Hepatitis Marker: Hepatitis C virus RNA panel</p> <hr/> <p>Results: Positive</p>
Medical Conditions	✓	
Exposure Information	✓	
Hospitalization, ICU & Death Information	✓	
Vaccination History	✓	
Additional Comments	✓	
Review & Submit		

4. Review the *Patient Information* section.

Laboratory Information	✓	<p><u>Patient Information</u> </p> <div style="border: 2px solid red; padding: 5px;"> <p>Disease/Organism: Child Hepatitis C Date of Diagnosis: 04/01/2022</p> <p>Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician? Yes</p> <p>Patient ID (MRN): BB01152020 Affiliation/Organization: Test Medical Center</p> <p>Person Completing Form: Mr. Arthur Vandelay, II (arthur@email.com) Affiliation/Organization: Test Medical Center</p> <p>Attending Physician/Clinician: Dr. Fraiser Crane (fraisercrane@email.com) Affiliation/Organization: Test Medical Center</p> <p>First Name: Bobby Last Name: Brady</p> <p>Suffix: Jr Date of Birth: 01/15/2020 Birth Weight: 7 lbs. 5 ozs.</p> <p>Patient Sex: Male Ethnicity: Not Hispanic or Latino Race: White</p> <p>Mother's Current Legal Name and Address</p> <p>First Name: Carol Middle Name: Anne Last Name: Brady</p> <p>Address 1: 123 Main Street Address 2: Apt. 1</p> <p>City: Lexington State: KY Zip Code: 40511</p> <p>County: Fayette Phone: (555) 123-1234 Email: carol@email.com</p> <p>Does the patient have Neonatal Abstinence Syndrome? Yes</p> <p>Who does the infant/child live with? Mother</p> <p>Contact info of person the child is living with:</p> <p>First Name: Carol Middle Name: Anne Last Name: Brady</p> <p>Address 1: 123 Main Street Address 2: Apt. 1</p> <p>City: Lexington State: KY Zip Code: 40511</p> <p>County: Fayette Phone: (555) 123-1234 Email: carol@email.com</p> </div>
Exposure Information	✓	
Hospitalization, ICU & Death Information	✓	
Vaccination History	✓	
Additional Comments	✓	
Review & Submit		

5. Review the *Laboratory Information* section.

Laboratory Information

Does the patient have a lab test?
Yes

Hepatitis Marker
HEPATITIS C VIRUS AB

Results
Positive

Test Result Date 03/28/2022 **Specimen Collection Date** 03/28/2022

Laboratory Name:
Test Lab

Hepatitis Marker
HEPATITIS C VIRUS AB SIGNAL/CUTOFF

Results
Pending

Specimen Collection Date
03/29/2022

Laboratory Name:
Test Lab

6. Review the *Exposure Information* section.

Review & Submit | **Exposure Information**

Did the patient have any of the following exposures in the past 6 months?
No

Mother Hepatitis B Virus positive
No

Mother Hepatitis C Virus positive
No

HBV Contact Exposure
No

HCV Contact Exposure
No

Foreign Born
No

Is this part of an outbreak?
No

7. Review the *Hospitalization, ICU & Death Information* section.

Review & Submit | **Exposure Information** | **Hospitalization, ICU & Death Information**

Was the patient hospitalized?
Yes

If yes, please specify the hospital name:
Test Hospital

Admission Date 01/03/2022 **Discharge Date** 01/10/2022

Was the patient admitted to an intensive care unit (ICU)?
Yes

Admission Date to ICU 01/08/2022 **Discharge Date from ICU** 01/10/2022

Did the patient die as a result of this illness?
No

8. If applicable, review the *Vaccination History* section.

Please Note: The **Vaccination History** screen is enabled and collects information only when **Child Hepatitis B** is selected as the Disease/Organism.

9. Review the *Additional Comments* section.

Click Hyperlinks to Edit

- 10. If after reviewing, changes are required, click the corresponding **section header hyperlink** or the **side navigation bar tab** to navigate to the appropriate screen or section to edit the information.
 - Click the **section header hyperlink** or the **side navigation bar tab** to navigate to the intended page. For example, to navigate to the **Patient Information** screen, click the **Patient Information hyperlink** in the section header or the side navigation bar.

CHILD HEPATITIS CASE REPORT FORM Section 7 of 7

Please review your information before submitting.

REVIEW & SUBMIT

- Patient Information** ✓
- Laboratory Information ✓
- Exposure Information ✓
- Hospitalization, ICU & Death Information ✓
- Vaccination History ✓
- Additional Comments ✓
- Review & Submit**

Print Download

[Patient Information](#)

Disease/Organism Child Hepatitis B	Date of Diagnosis Unknown
Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician? Yes	
Patient ID (MRN) HEPB20220510	Affiliation/Organization Test Medical Center
Person Completing Form Mr. Arthur Vandelay, II (arthur@email.com)	Affiliation/Organization Test Medical Center
Attending Physician/Clinician Dr. Frank Costanza, Sr (frank@email.com)	Affiliation/Organization Test Medical Center

- 11. Once the appropriate edits have been made, click the **Review and Submit** tab on the side navigation bar to navigate back to the **Review and Submit** screen.

CHILD HEPATITIS CASE REPORT FORM Section 1 of 7

Please complete the form below. All fields marked with an asterisk(*) are required.

PATIENT INFORMATION

- Patient Information** ✓
- Laboratory Information ✓
- Exposure Information ✓
- Hospitalization, ICU & Death Information ✓
- Vaccination History ✓
- Additional Comments ✓
- Review & Submit**

Disease/Organism* ⓘ	Date of Diagnosis*
Child Hepatitis B	06/01/2020 <input type="checkbox"/> Unknown

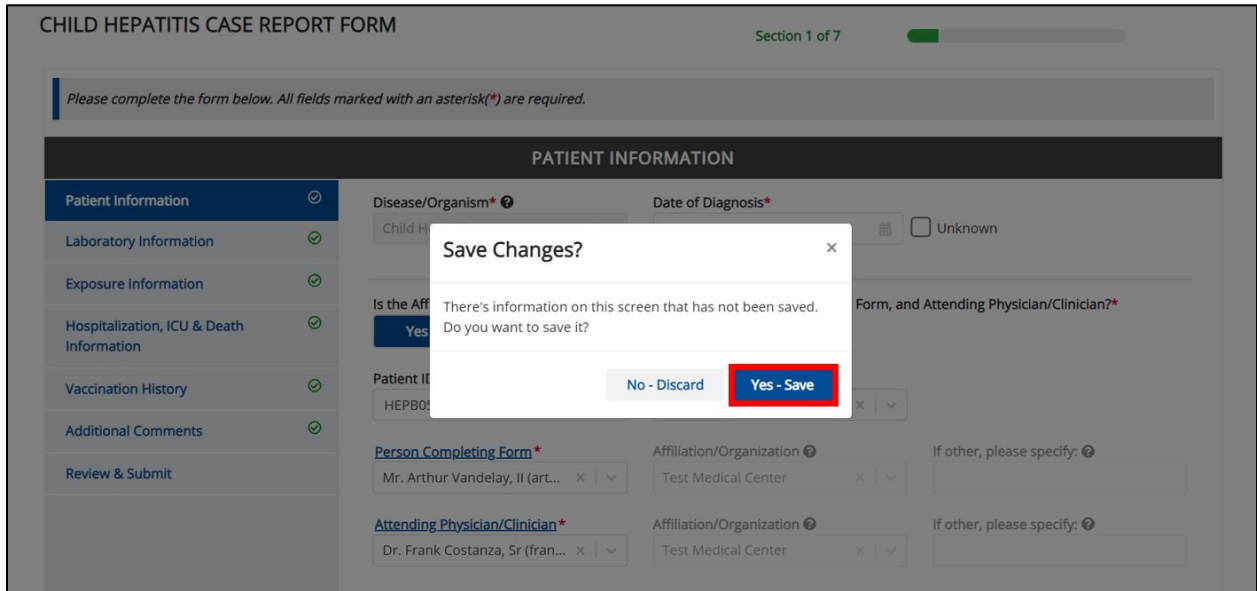
Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?*

Yes No

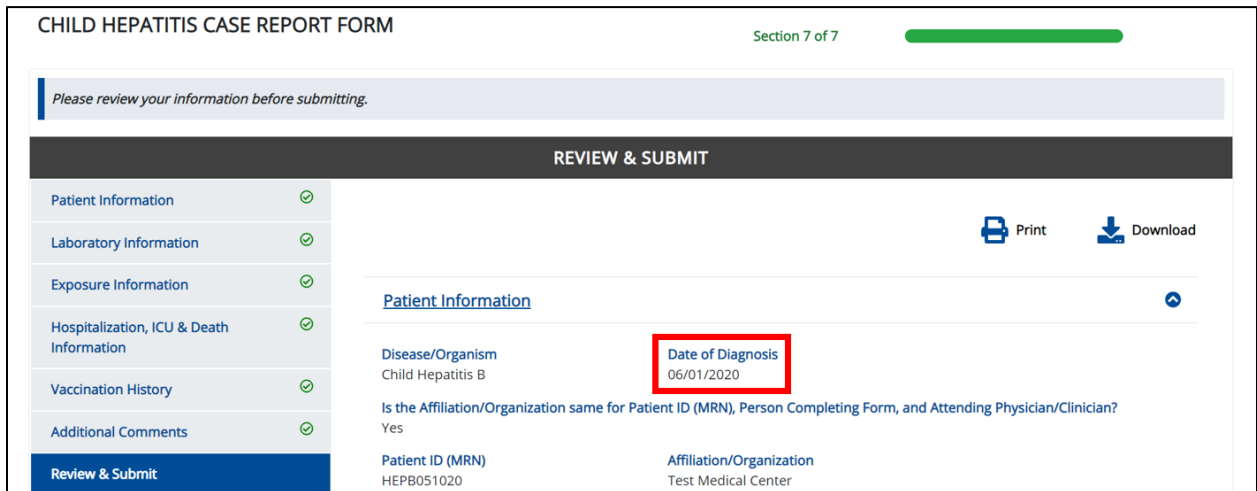
Patient ID (MRN)* ⓘ	Affiliation/Organization* ⓘ
HEPB051020	Test Medical Center
Person Completing Form*	Affiliation/Organization ⓘ
Mr. Arthur Vandelay, II (art...	Test Medical Center
Attending Physician/Clinician*	Affiliation/Organization ⓘ
Dr. Frank Costanza, Sr (fran...	Test Medical Center

If other, please specify: ⓘ

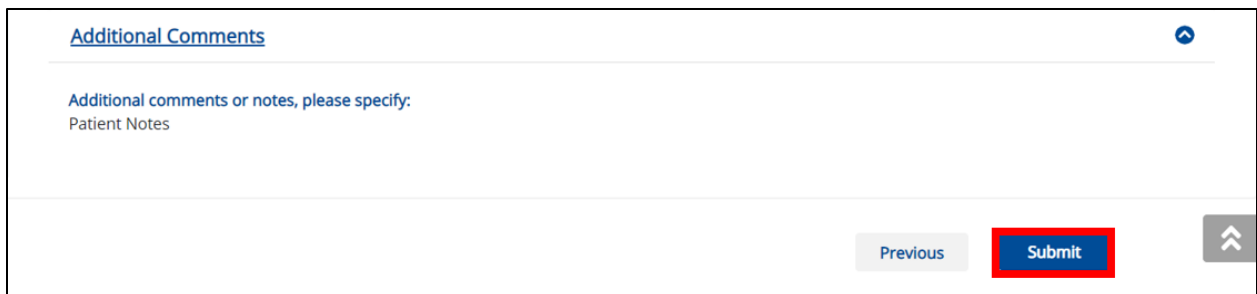
12. The *Save Changes* pop-up displays. To save the edits and navigate back to the **Review and Submit** screen, click **Yes – Save**. To discard the edits, click **No – Discard**.



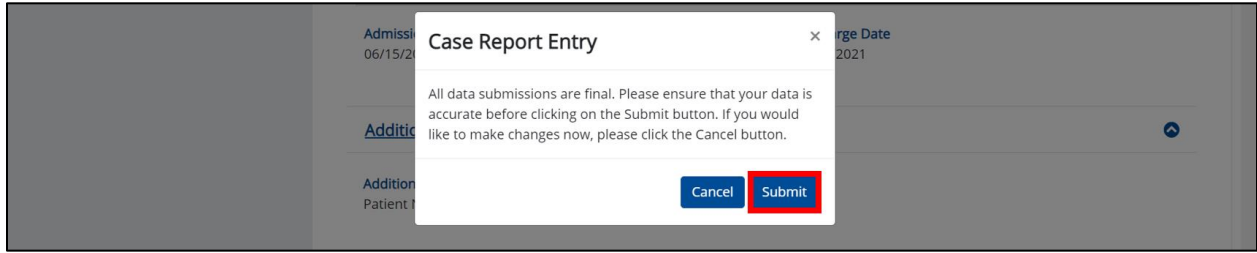
13. Review your edits on the **Review and Submit** screen.



14. After verifying the information is accurate and/or the appropriate changes have been made, you must click **Submit** to submit the Child Hepatitis Case Report Entry.

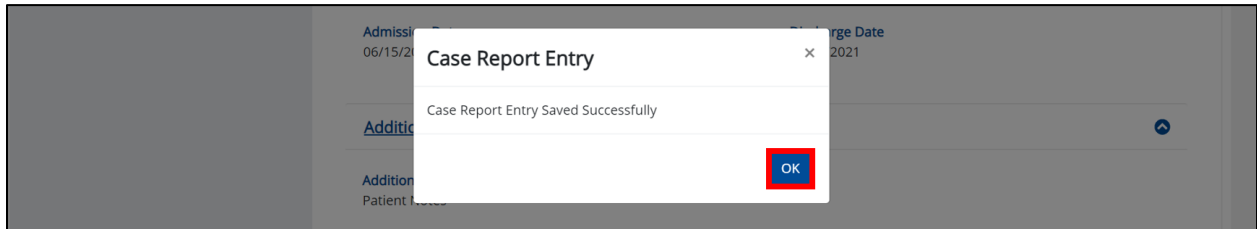


- All case report submissions are final. You have one more opportunity to select **Cancel** to continue reviewing the Case Report or click **Submit** to submit the report.



Please Note: Once a case report has been submitted, it is final. Should you later discover that you have entered inaccurate information, please use the **Support Tab** in the ePartnerViewer to report this information.

15. Click **OK** to acknowledge the case report has been submitted successfully.



Please Note: Clicking **OK** when the case report entry has been submitted successfully will automatically navigate you to the **Case Report Entry User Summary** screen.

Congratulations! You have submitted the Child Hepatitis Case Report using KHIE’s Direct Data Entry Functionality.

Please visit the KHIE website at <https://khie.ky.gov/COVID-19/Pages/Electronic-Case-Reporting-.aspx> to access additional training resources and find information on reporting requirements from the Kentucky Department for Public Health.

18 Case Report User Entry Summary

The **Case Report Entry User Summary** screen displays all submitted and in-progress case reports you have entered. By default, the **Case Report Entry User Summary** screen displays the case reports from the last updated date. You can use the Date Range buttons to do a custom search for previous case reports entered within the last 6 months.

The screenshot shows the 'CASE REPORT ENTRY USER SUMMARY' interface. At the top, there are navigation tabs: Patient Search, Bookmarked Patients, Event Notifications, Lab Data Entry, and Case Report Entry. Below the header, there is a search filter for 'LAST UPDATED DATE RANGE' with 'Start Date' set to 10/01/2021 and 'End Date' set to 10/01/2021. A 'Retrieve Data' button is visible. The main table shows 1 item with the following details:

ACTIONS	REPORT TYPE	DISEASE/ ORGANISM	AFFILIATION/ ORGANIZATION	PATIENT MRN	FIRST NAME	LAST NAME	DATE OF BIRTH	PATIENT SEX	STATUS	LAST UPDATED	SUBMISSION DATE
View Copy	Perinatal Hepatitis	Perinatal Hepatitis C	Test Medical Center	BR10291942	Susan	Ross	10/29/1990	Female	Complete	10/01/2021 12:30 PM	10/01/2021 12:30 PM

Navigation controls at the bottom include 'First', 'Back', '1', 'Next', and 'Last'. A dropdown menu shows 'Maximum 5 entries per page'.

1. To retrieve case reports for a specific date range within the last 6 months, enter the appropriate **Start Date** and **End Date**.

This screenshot shows the same interface as above, but with the 'LAST UPDATED DATE RANGE' filter set to 'Start Date' 09/01/2021 and 'End Date' 10/01/2021. A calendar pop-up is displayed over the table, showing 'September 2021' with the 1st of the month highlighted. The 'Retrieve Data' button is highlighted in red.

2. Click **Retrieve Data** to generate the case reports.

This screenshot shows the interface after clicking 'Retrieve Data'. The 'LAST UPDATED DATE RANGE' filter remains set to 09/01/2021 to 10/01/2021. The table now displays the same single entry as in the first screenshot. The 'Retrieve Data' button is highlighted in red.

Please Note: The **Start Date** must be within the last six months from the current date.

The following error message displays when Users search for a Start Date that occurred more than six months ago: *Please select a Start Date that is within the last six months from today's date.*

CASE REPORT ENTRY USER SUMMARY

LAST UPDATED DATE RANGE
Start Date

End Date

Retrieve Data

• Please select a Start Date that is within the last six months from today's date.

3. Click **Retrieve Data** to display the search results.
4. To search for a specific case report, click **Apply Filter**.

LAST UPDATED DATE RANGE
Start Date

End Date

Retrieve Data

SHOWING 7 ITEMS
APPLY FILTER

ACTIONS	REPORT TYPE	DISEASE/ ORGANISM	AFFILIATION/ ORGANIZATION	PATIENT MRN	FIRST NAME	LAST NAME	DATE OF BIRTH	PATIENT SEX	STATUS	LAST UPDATED	SUBMISSION DATE
Continue	Perinatal Hepatitis	Perinatal Hepatitis B	Test Medical Center	EB01011990	Elaine	Benes	01/01/1990	Female	In Progress	10/01/2021 12:30 PM	10/01/2021 12:30 PM
View Copy	Perinatal Hepatitis	Perinatal Hepatitis C	Test Medical Center	BR10291942	Susan	Ross	10/29/1990	Female	Complete	09/24/2021 01:45 PM	09/24/2021 01:45 PM
Continue	Perinatal Hepatitis	Perinatal Hepatitis C	Test Medical Center	HepC	Rachel	Green	07/27/1993	Female	In Progress	09/20/2021 04:40 PM	
View Copy	Perinatal Hepatitis	Perinatal Hepatitis C	Test Medical Center	BR10291942	Monica	Gellar	01/15/1992	Female	Complete	09/17/2021 10:12 AM	09/17/2021 10:12 AM
Continue	Perinatal Hepatitis	Perinatal Hepatitis B	Test Medical Center	HepB1	Daphne	Moon	04/22/1994	Female	In Progress	09/15/2021 03:52 PM	

First Back 1 2 Next Last
Maximum 5 entries per page

5. The Filter fields display. You can search by entering the **Report Type, Disease/Organism, Affiliation/Organization, Patient MRN, First Name, Last Name, Date of Birth, Patient Sex, Status, Last Updated Date,** and/or **Submission Date** in the corresponding Filter fields.

SHOWING 7 ITEMS
HIDE FILTER

ACTIONS	REPORT TYPE	DISEASE/ ORGANISM	AFFILIATION/ ORGANIZATION	PATIENT MRN	FIRST NAME	LAST NAME	DATE OF BIRTH	PATIENT SEX	STATUS	LAST UPDATED	SUBMISSION DATE
	<input type="text" value="Enter Report"/>	<input type="text" value="Enter Disease/"/>	<input type="text" value="Enter Affiliation"/>	<input type="text" value="Enter Pat"/>	<input type="text" value="Enter First Na"/>	<input type="text" value="Enter Last"/>	<input type="text" value="Enter Date"/>	All	Enter :	All	All
Continue	Perinatal Hepatitis	Perinatal Hepatitis B	Test Medical Center	EB01011990	Elaine	Benes	01/01/1990	Female	In Progress	10/01/2021 12:30 PM	10/01/2021 12:30 PM
View Copy	Perinatal Hepatitis	Perinatal Hepatitis C	Test Medical Center	BR10291942	Susan	Ross	10/29/1990	Female	Complete	09/24/2021 01:45 PM	09/24/2021 01:45 PM
Continue	Perinatal Hepatitis	Perinatal Hepatitis C	Test Medical Center	HepC	Rachel	Green	07/27/1993	Female	In Progress	09/20/2021 04:40 PM	
View Copy	Perinatal Hepatitis	Perinatal Hepatitis C	Test Medical Center	BR10291942	Monica	Gellar	01/15/1992	Female	Complete	09/17/2021 10:12 AM	09/17/2021 10:12 AM
Continue	Perinatal Hepatitis	Perinatal Hepatitis B	Test Medical Center	HepB1	Daphne	Moon	04/22/1994	Female	In Progress	09/15/2021 03:52 PM	

Review Previously Submitted Case Reports

1. To review a summary of a complete case report that has been previously submitted, click **View** located next to the appropriate case report.

CASE REPORT ENTRY USER SUMMARY											
LAST UPDATED DATE RANGE		Start Date	09/01/2021	End Date	10/01/2021	Retrieve Data					
SHOWING 5 ITEMS											APPLY FILTER
ACTIONS	REPORT TYPE	DISEASE/ ORGANISM	AFFILIATION/ ORGANIZATION	PATIENT MRN	FIRST NAME	LAST NAME	DATE OF BIRTH	PATIENT SEX	STATUS	LAST UPDATED	SUBMISSION DATE
View Copy	Perinatal Hepatitis	Perinatal Hepatitis C	Test Medical Center	BR10291942	Susan	Ross	10/29/1990	Female	Complete	10/01/2021 12:30 PM	10/01/2021 12:30 PM
Continue	Perinatal Hepatitis	Perinatal Hepatitis C	Test Medical Center	HepC	Daphne	Crane	01/15/1992	Female	In Progress	09/24/2021 01:45 PM	
Continue	Perinatal Hepatitis	Perinatal Hepatitis B	Test Medical Center	HepB1	Rachel	Green	07/27/1993	Female	In Progress	09/20/2021 04:40 PM	

2. The Case Report Details pop-up displays a summary of the previously submitted case report.
 - Click **Print** to print the case report.
 - Click **Download** to download a PDF version of the case report.
3. Click **OK** to close out of the pop-up.

Case Report Details

Print Download

Patient Information

Disease/Organism: Perinatal Hepatitis C
 Date of Diagnosis: 09/20/2021

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?
 No

Patient ID (MRN): BR10291942
 Affiliation/Organization: Test Medical Center

Person Completing Form: Mr. Marty Craine, Sr (marty@email.com)
 Affiliation/Organization: Other
 If other, please specify: Test Hospital

Attending Physician/Clinician: Dr. Fraiser Crane (fraisercrane@email.com)
 Affiliation/Organization: Test Medical Center

First Name: Susan
 Last Name: Ross

Suffix: Sr

Date of Birth: 10/29/1990
 Ethnicity: Not Hispanic or Latino
 Race: Unknown

Address 1: 123 Painting Lane

OK

Copy Previously Submitted Case Reports

The **Copy** feature allows Users to copy the information from a completed case report, make edits, then submit a new case report for the same patient. That means you can copy the information from a previously submitted case report into a new case report, update the appropriate information, then submit as a new case report for the patient.

1. To copy the information from a completed case report that has been previously submitted, click **Copy** located next to the appropriate case report.

ACTIONS	REPORT TYPE	DISEASE/ ORGANISM	AFFILIATION/ ORGANIZATION	PATIENT MRN	FIRST NAME	LAST NAME	DATE OF BIRTH	PATIENT SEX	STATUS	LAST UPDATED	SUBMISSION DATE
Continue	Perinatal Hepatitis	Perinatal Hepatitis C	Test Medical Center	HepC	Daphne	Crane	01/15/1992	Female	In Progress	10/01/2021 01:45 PM	
View Copy	Perinatal Hepatitis	Perinatal Hepatitis C	Test Medical Center	BR10291942	Susan	Ross	10/29/1990	Female	Complete	10/01/2021 12:30 PM	10/01/2021 12:30 PM

Please Note: Clicking **Copy** will automatically navigate you to the **Patient Summary** screen.

By default, the **Patient Summary** screen displays the information entered on the previously submitted case report. Users can change the information entered in any of the enabled fields and submit a new case report for the patient. However, Users **cannot** change the disease/organism, affiliation/organization, and patient demographic fields which are grayed out and disabled:

- *Disease/Organism*
- *Patient ID (MRN)*
- *Affiliation/Organization*
- *Prefix*
- *Suffix*
- *First Name*
- *Middle Name*
- *Last Name*
- *Maiden Name*
- *Date of Birth*

PATIENT INFORMATION

Patient Information	Disease/Organism* Perinatal Hepatitis C	Date of Diagnosis* 09/20/2021
Laboratory Information	Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician? Yes <input type="radio"/> No <input type="radio"/>	
Applicable Symptoms	Patient ID (MRN)* BR10291942	Affiliation/Organization* Test Medical Center
Medical Conditions	Person Completing Form* Mr. Marty Craine, Sr (marty@email.com)	Affiliation/Organization* Other
Exposure Information	Attending Physician/Clinician* Dr. Fraiser Crane (fraisercrane@email.co...	Affiliation/Organization* Test Medical Center
Hospitalization, ICU & Death Information	Prefix Select...	
Vaccination History	First Name* Bob	Middle Name _____
Additional Comments	Suffix Sr	Last Name* Ross
Review & Submit	Maiden Name _____	Date of Birth* 10/29/1990
	Ethnicity* Not Hispanic or Latino	Race* Unknown

Please Note: The Disease/Organism, Affiliation/Organism, and the patient demographic fields are the only disabled fields. All other fields on the **Patient Information** screen and all subsequent screens are enabled. You can edit any of the enabled fields on all screens.

- 2. To submit a new case report with updated information, **edit the appropriate information** in the enabled fields, as applicable.

The screenshot shows the 'PATIENT INFORMATION' form. A sidebar on the left contains menu items: Patient Information, Laboratory Information, Applicable Symptoms, Medical Conditions, Exposure Information, Hospitalization, ICU & Death Information, Vaccination History, Additional Comments, and Review & Submit. The main form area includes the following fields and sections:

- Disease/Organism***: Perinatal Hepatitis C
- Date of Diagnosis***: 09/20/2021 (highlighted with a red box)
- Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?***: No
- Patient ID (MRN)***: BR10291942
- Affiliation/Organization***: Test Medical Center
- Person Completing Form***: Mr. Marty Craine, Sr (marty@email.com) (highlighted with a red box)
- Attending Physician/Clinician***: Dr. Fraiser Crane (fraisercrane@email.co...)
- Prefix**: Select...
- First Name***: Susan
- Middle Name**: [Empty]
- Last Name***: Ross
- Suffix**: [Empty]
- Maiden Name**: [Empty]
- Date of Birth***: 10/29/1990
- Ethnicity***: Not Hispanic or Latino
- Race***: Unknown
- Address 1***: 123 Painting Lane
- Address 2**: Unit, Suite, Building, etc.
- City***: Frankfort
- State***: KY
- Zip Code**: 40601-
- County***: Franklin
- Phone***: (555) 555-5555
- Email**: bob@email.com
- Is the patient currently pregnant?***: Yes (selected)
- If yes, please enter the due date (EDC):***: 11/12/2021
- Is the patient postpartum?**: No
- If yes, please enter the date of delivery:**: [Empty]
- Does the patient have a history of incarceration?***: No

Red boxes highlight the 'Date of Diagnosis' field, the 'Person Completing Form' field, and the entire address and pregnancy-related section.

- 3. Once the appropriate edits have been made, click **Next** to proceed to the **Laboratory Information** screen.

Is the patient currently pregnant?

If yes, please enter the due date (EDC):
 Unknown

Is the patient postpartum?*

If yes, please enter the date of delivery:*

Unknown

Does the patient have a history of incarceration?*

- 4. On each subsequent screen, **edit the appropriate information** in the enabled fields, as applicable.
- 5. Once the appropriate edits have been made on the subsequent screens, click **Next** until you navigate back to the **Review and Submit** screen.

LABORATORY INFORMATION

Does the patient have a lab test?*

If yes, at least one Hepatitis Marker test is required. If you choose to enter additional test results such as ALT, AST, or Bilirubin, please ensure you complete all fields for that test.

Hepatitis Marker*

Hepatitis C virus RNA panel

If other, please specify:

Results*

Positive

If applicable, please enter the viral load:

Test Result Date* 09/01/2021 Unknown Specimen Collection Date* 08/28/2021 Unknown

Laboratory Name:*
Test Lab

+ Add Hepatitis Marker

ALT

+ Add ALT

AST

+ Add AST

Bilirubin

+ Add Bilirubin

6. Review your edits on the **Review and Submit** screen.

REVIEW & SUBMIT

Print Download

Patient Information ⬆

Disease/Organism Perinatal Hepatitis C	Date of Diagnosis 09/20/2021	
Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician? No		
Patient ID (MRN) BR10291942	Affiliation/Organization Test Medical Center	
Person Completing Form Mr. Marty Craine, Sr (marty@email.com)	Affiliation/Organization Other	If other, please specify: Test Hospital
Attending Physician/Clinician Dr. Fraiser Crane (fraisercrane@email.com)	Affiliation/Organization Test Medical Center	
First Name Bob	Last Name Ross	
Suffix Sr		
Date of Birth 10/29/1942	Ethnicity Not Hispanic or Latino	Race Unknown
Address 1 123 First Avenue		
City Frankfort	State KY	Zip Code 40601
County Franklin	Phone (555) 555-5555	Email susan@email.com
Is the patient postpartum? Yes		
If yes, please enter the date of delivery: 11/05/2021		
Does the patient have a history of incarceration?		

Please Note: In the example edit above, the User changed the patient's status from pregnant to postpartum. The User changed the selection for the *Is the patient currently pregnant?* field from **Yes** to **No** which enabled the subsequent postpartum field.

The User entered postpartum details by selecting **Yes** for the *Is the patient postpartum?* field and entering the **date of delivery**.

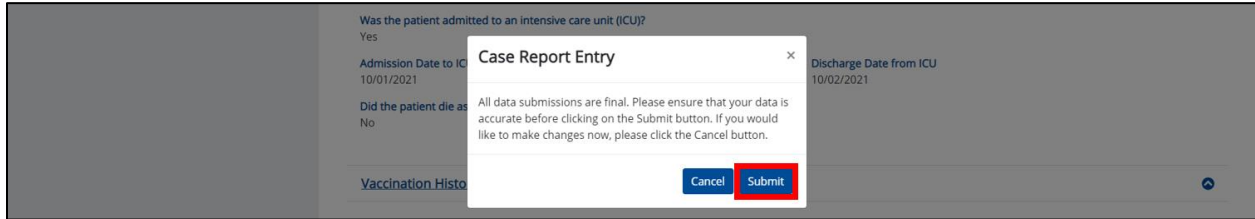
7. After verifying the information is accurate and/or the appropriate changes have been made, you must click **Submit** to submit the Child Hepatitis Case Report Entry.

Additional comments or notes, please specify:
Additional Patient Notes

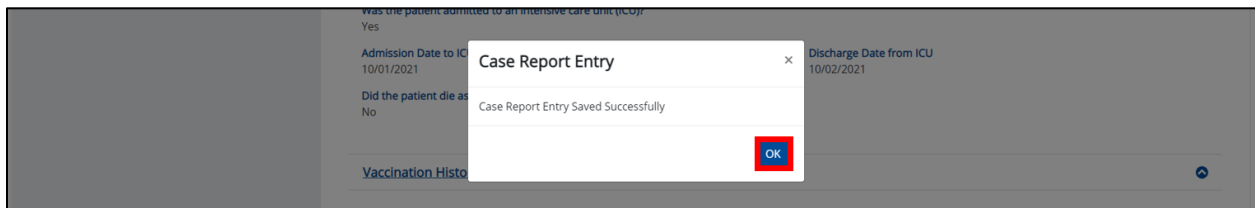
Previous Submit ⬆

Please Note: The new case report is not a continuation of the previously submitted case report.

- All case report submissions are final. You have one more opportunity to select **Cancel** to continue reviewing the Case Report or click **Submit** to submit the report.



- Click **OK** to acknowledge the case report has been submitted successfully.



Please Note: Clicking **OK** when the case report entry has been submitted successfully will automatically navigate you to the **Case Report Entry User Summary** screen.

- On the **Case Report Entry User Summary** screen, review the new case report submission.

The screenshot shows the 'Case Report Entry User Summary' screen. At the top, there is a navigation bar with 'Patient Search', 'Bookmarked Patients', 'Event Notifications', 'Lab Data Entry', and 'Case Report Entry'. Below this is a search filter for 'LAST UPDATED DATE RANGE' with 'Start Date' and 'End Date' both set to 10/03/2021. A 'Retrieve Data' button is visible. The main area shows a table with 11 columns: ACTIONS, REPORT TYPE, DISEASE/ORGANISM, AFFILIATION/ORGANIZATION, PATIENT MRN, FIRST NAME, LAST NAME, DATE OF BIRTH, PATIENT SEX, STATUS, LAST UPDATED, and SUBMISSION DATE. The first row of data is highlighted with a red border:

ACTIONS	REPORT TYPE	DISEASE/ORGANISM	AFFILIATION/ORGANIZATION	PATIENT MRN	FIRST NAME	LAST NAME	DATE OF BIRTH	PATIENT SEX	STATUS	LAST UPDATED	SUBMISSION DATE
View Copy	Perinatal Hepatitis	Perinatal Hepatitis C	Test Medical Center	SR10291990	Susan	Ross	10/29/1990	Female	Complete	10/03/2021 2:30 PM	10/03/2021 2:30 PM

At the bottom of the table, there are navigation buttons: 'First', 'Back', '1', 'Next', 'Last'. On the right, it says 'Maximum 5 entries per page'.

Continue In-Progress Case Reports

The **Save** feature allows Users to complete the case report in multiple sessions. That means you can start a case entry, save it, and then return later to complete it. You must save the information you have entered in order to return later to the section where you left off.

1. To continue working on a case report that is currently in-progress, click **Continue** located next to the appropriate case report.

CASE REPORT ENTRY USER SUMMARY											
LAST UPDATED DATE RANGE		Start Date	09/01/2021	End Date	10/01/2021	Retrieve Data					
SHOWING 5 ITEMS											APPLY FILTER
ACTIONS	REPORT TYPE	DISEASE/ ORGANISM	AFFILIATION/ ORGANIZATION	PATIENT MRN	FIRST NAME	LAST NAME	DATE OF BIRTH	PATIENT SEX	STATUS	LAST UPDATED	SUBMISSION DATE
View Copy	Perinatal Hepatitis	Perinatal Hepatitis C	Test Medical Center	BR10291942	Susan	Ross	10/29/1990	Female	Complete	10/01/2021 12:30 PM	10/01/2021 12:30 PM
Continue	Perinatal Hepatitis	Perinatal Hepatitis C	Test Medical Center	HepC	Daphne	Crane	01/15/1992	Female	In Progress	09/24/2021 01:45 PM	
Continue	Perinatal Hepatitis	Perinatal Hepatitis B	Test Medical Center	HepB1	Rachel	Green	07/27/1993	Female	In Progress	09/20/2021 04:40 PM	

2. Clicking **Continue** automatically navigates to the section of the case report where you left off.

Home > Perinatal Hepatitis Case Report Form

PERINATAL HEPATITIS CASE REPORT FORM

Section 8 of 9

Please add any additional comments related to this case.

ADDITIONAL COMMENTS

Patient Information	✔
Laboratory Information	✔
Applicable Symptoms	✔
Medical Conditions	✔
Exposure Information	✔
Hospitalization, ICU & Death Information	✔
Vaccination History	✔
Additional Comments	
Review & Submit	🔒

Additional comments or notes, please specify:

0/1000 Characters

Save Previous Next

19 Technical Support

Toll-Free Telephone Support

For questions and assistance regarding the ePartnerViewer, please call 1 (877) 651-2505.

Email Support

To submit questions or request support regarding the ePartnerViewer, please email KHIESupport@ky.gov.

Please Note: To seek assistance or log issues, you can use the **Support Tab** located in the blue navigation bar at the top of the screen in the ePartnerViewer.

